

Account Name
Account #
Salesperson
Terms
Routing
Division

# **ACCOUNT INFO AND CREDIT APPLICATION**

**Business Name** 

Mailing Address

Street Address (If Different from Mailing)

Email

Telephone

Federal Tax ID

Type of Entity (Corporation, Sole Proprietorship, Etc.)

Trade Name(s) (If Any)

Number of Years in Business

Terms Requested

Trade References (Must be Food Suppliers)

1. Name

Address

Contact Person

Fmail

Telephone

2. Name

Address

Contact Person

Email

Telephone

3. Name

Address

Contact Person Telephone

Email

#### Banking References

Name Address Contact Person

on Telephone

# **OWNERS, AGENTS AND OFFICERS**

1. Owner, President, Manager, Managing Partner						
Name	SSN	Address	Phone			
2. Vice President, Partner						
Name	SSN	Address	Phone			
Do any of your owners, officers or shareholders, individually or under a business or trade name, have an account with Equality State Farms or have they had previous accounts with Equality State Farms? YES NO If yes, please identify the individual or entity:						
Accounts Payable Information						
Name	Phone	Email				

I hereby represent and warrant to Equality State Farms that the information set forth on this application is true, complete and accurate in all respects, and it is full and complete disclosure of the financial condition of the applicant as the date hereof. The information set forth above is to be used and relied upon by Equality State Farms for the purpose of extending credit to the applicant. The applicant agrees to immediately notify Equality State Farms of any and all changes in the information set forth herein. Equality State Farms is authorized to investigate the representations on this application and the applicant hereby grants permission to and authorizes all financial institutions, creditors, trade references, accountants, bookkeepers, and attorneys to disclose to Equality State Farms all information which may be relevant to the financial condition of the applicant. Additionally, the applicant grants permission for Equality State Farms to obtain a credit report on the applicant, the officers, directors, partners, principals, quarantors, and other insiders of the applicant. Applicant hereby agrees to pay all invoices of Equality State Farms when they are due, that any invoices not paid when due shall accrue interest at the rate of 24% per annum from the date of delivery of the invoice, and that if Equality State Farms commences a legal proceeding to collect any amounts owing by applicants, Equality State Farms shall be entitled to recover all of its attorneys' fees and cost of collection in addition to the amount of the invoice and interest thereon. Applicant hereby agrees and consents to jurisdiction and venue in the City and County of Gillette, Wyoming, for any actions relating to amounts owing by applicant to Equality State Farms Any dispute between Equality State Farms and applicant shall be determined pursuant to Wyoming law.

> Applicant By Title

### **COMMERCIAL GUARANTY**

enforced without requiring Equality State Farms to exercise, enforce, or exhaust any right or remedy against Obligor, any other guarantor, or third party.

Guarantor agrees to pay all expenses of Equality State Farms in collecting or enforcing the

obligations of Obligor or the Guarantor, including, but not limited to, all attorneys' fees and costs of collection of Equality State Farms

This Guaranty is intended to supplement any other guarantees given to Equality State Farms by Guarantor or any other party relating to the Obligor. In the event that Equality State Farms has obtained or in the future obtains other guarantees from Guarantor or any other party, this guaranty and all other guarantees shall be construed to effectuate the intent of the parties hereto, which is to ensure repayment to Equality State Farms of all obligations of Obligor and Guarantor.

This Guaranty shall be governed by the laws of the State of Wyoming. Guarantor consents to jurisdiction and venue of any court located with the City and County of Gillette, State of Wyoming, for any proceeding to collect or enforce this Guaranty.

Guarantor	
Signature	Date
Name Typed or Handwritten	

# **ACH PAYMENT AUTHORIZATION**

	BANK DETAILS				
	ACCOUNT NUMBER		ROUTING NUMBER		
	BANK NAME				
	Account Type: Checking	Savings			
	ACCOUNT HOLDER Name Address Telephone				
I, (full name), authorize Equality State Farms to debit bank account based on all future charges in compliance with any future agreements/contracts between (individual/business name) and Equality State Farm					
() ()	cancel it in writing, and I agree mation or termination of this a authorized user of this bank a	e to notify Equality State authorization at least 15 ccount and will not dispu	I that this authorization will rer Farms in writing of any change days prior to the next billing da ate these scheduled transaction in the respective agreements/	main in effect until I es in my account infor- ate. I certify that I am an ns with my bank, so long	
		Signature		Date	
		Name Typed or Handwi	ritten		