

PLEASE FILL OUT APPLICATION COMPLETELY
AND RETURN AS DIRECTED

CREDIT APPLICATION

Date	Sales Person	Type of Business:					
		SOLE PROPRIETORSHIP <input type="checkbox"/>		PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>	LLC <input type="checkbox"/>	
Legal Name of Applicant			In Business since		Duns # / Experian BIN		
Trade Names(s) If any			Class of Trade		Federal Tax I.D. No.		
If this company is a Division or Subsidiary of another Company, provide name and address of the Parent Company					State Incorporated		
Street Address		City	State	Zip	Phone Number		
Mailing Address		City	State	Zip	Phone Number		
Owner/President's Name		Home Address			Home Phone No.		
Officer's Name		Home Address			Home Phone No.		
AP Contact		E-Mail Address		Phone No.	Fax No.		
AP Email Address		Invoice Address (if different than AP Address)					
Credit Line Requested \$		Financial Statements Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		Estimated Monthly Purchases \$		Amount of Pending Order \$	
Trade References (form will be returned unless complete address and phone numbers are shown)							
1.)	Company Name		Account Number		2.)	Company Name	
	Address					Address	
	City, State, Zip					City, State, Zip	
	Contact Name		E-Mail			Contact Name	
	Telephone		Fax			Telephone	
3.)	Company Name		Account Number		4.)	Company Name	
	Address					Address	
	City, State, Zip					City, State, Zip	
	Contact Name		E-Mail			Contact Name	
	Telephone		Fax			Telephone	
Bank References (form will be returned unless complete address and telephone numbers are shown)							
1.)	Bank Name		2.)		Bank Name		
	Contact Name		E-Mail			Contact Name	
	Address					Address	
	City, State, Zip					City, State, Zip	
	Checking account number					Checking account number	
	Savings account number					Savings account number	
	Loan account number					Loan account number	
	Telephone		Fax			Telephone	
						Fax	

DEFAULT AGREEMENT: The above information is for the purpose of obtaining a line of credit & is warranted to be true. I/We hereby authorize Nestlé USA Inc., Nestlé Purina PetCare Company, & Nestlé Health Science US Holdings, Inc. & their affiliates to investigate the references listed pertaining to my/our credit & financial responsibility & authorize my/our bank to release the information requested in conjunction with establishing this line of credit. I/We further attest financial responsibility, ability, & willingness to pay invoices according to the terms of sales established by Nestlé USA Inc., Nestlé Purina PetCare Company, & Nestlé Health Science US Holdings, Inc. or their affiliates. In the event payment is not made, I/we will pay all reasonable costs of collection including all reasonable attorney's fees & court costs.

X _____ Date: _____
(Authorized Applicant's Signature)

X _____ Title: _____
(Print Name)