

Salesperson: _____	Salesperson #: _____
Bracket: _____	Route: _____
Approved By: _____ (OFFICE USE ONLY)	

CREDIT APPLICATION

Date: _____
 Legal Business Name: _____
 D.B.A. Name: _____
 Address: _____
 City / State: _____ Zip: _____
 Business Phone: _____
 Business Fax: _____

LEGAL STRUCTURE

Sole Proprietorship Soc. Sec. No. _ _ - _ - _
 Partnership
 Corporation Fed. ID No. _ - - _ - -
 Acct. Pay Contact: _____

Have you ever filed for bankruptcy as an individual, a partnership, or corporation? Yes _____ No _____

If Yes: Legal Name: _____ Business Name: _____ State Filed: _____

Reason: _____

OWNER INFORMATION

Owner: _____ No. Years Owned: _____
 Home Address: _____ Home Phone: _____
 City/State: _____ Zip: _____

BUSINESS INFORMATION – PARTNERSHIP OR CORPORATION

Name of Partners, Officers: _____ No. Years in Business: _____

1) _____ Soc. Sec. #: _ _ - _ - _ Title: _____

Address _____

2) _____ Soc. Sec. #: _ _ - _ - _ Title: _____

Address _____

3) _____ Soc. Sec. #: _ _ - _ - _ Title: _____

Address _____

BANK INFORMATION

Bank Name: _____ Contact: _____

Address: _____ Phone: _____

City/State: _____ Zip: _____ Fax: _____

CURRENT SUPPLIER REFERENCES

Name	Address	City/State/ZIP	Phone
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

TERMS

C.O.D: (check or cash upon delivery)

WEEKLY: (payment made to sales representative in 6 days when another sales call is made. **(NO GRACE PERIOD)**)

Sales Tax No: _____ Check If Tax Exempt: _____ If tax exempt, must supply tax exempt certificate.

GENERAL TERMS:

- Payment terms will be cash or check upon delivery until a credit application has been approved.
- Returned checks are charged a \$20.00 fee and account will be cash only until checks are reimbursed.
- A service charge of 1 ½% per month will be added to all accounts with a balance over 30 days past due.

I, _____, the undersigned have read and understand The Thompson Company terms as outlined above. I also authorize release of credit information to The Thompson Company.

INFORMATION MUST BE COMPLETED IN FULL IN ORDER TO PROCESS THE APPLICATION

OFFICE USE ONLY: TERMS APPROVED _____



CONFIDENTIAL

CUSTOMER APPLICATION

&

ACCOUNT FORM

3636 W. Stolley Park Road
P.O. Box 1466
Grand Island, NE 68802-1466
308/382-6581 – 308/382-1813 (fax)
www.thompsonfoods.com

GUARANTY

I/We, the undersigned, for in and consideration of The Thompson Company extending credit at my/our request to the business entity identified above, (hereinafter referred to as the Customer) hereby personally guaranty payment of all obligations of the customer (including all interest, attorney fees and charges) to The Thompson Company ("the Indebtedness") and do hereby agree to bind myself to pay The Thompson Company on demand any sums which may become due it by the customer, whether or not demand has been made on the customer. It is understood that this guaranty is unconditional, and shall be continuing and irrevocable for such Indebtedness of the customer to The Thompson Company as presently or hereafter exists. The undersigned hereby waives all notices and demands of any kind, including notice of default or nonpayment or deferral for payment, and consent to any extensions of time to pay, modification or renewal of the above credit agreement or any release of modification of security for the indebtedness. The undersigned hereby waives and releases all rights of contribution or Indemnity by customer. Additionally, the undersigned guarantor(s) agree to pay, in the event the "Indebtedness" becomes delinquent, The Thompson Company's attorneys fees associated with collection of the "indebtedness" plus all attendant collection costs whether or not litigation is initiated. The undersigned also agree that venue for any action brought will be in the state and county in which The Thompson Company branch supplying product is located. This guaranty is personal to the undersigned. Any notation of corporate capacity shall be taken as informational only and shall not effect the personal nature of the guaranty.

Print Name _____

X: _____

Print Name _____

X: _____

Owner's personal SSN: _____

*****Should I/we discontinue purchasing from The Thompson Co, I/we agree to purchase all remaining private label, specialized or proprietary inventory that The Thompson Co. has stocked at our request.**

Print Name _____

X: _____

I/WE PERSONALLY GUARANTEE PAYMENT ON TERMS THAT ARE APPROVED

TERMS & CONDITIONS

We herein make application to The Thompson Company and any of its subsidiaries or affiliates for credit and/or to update/reconfirm existing accounts. We warrant the above information to be true and accurate. We hereby agree that all purchases from The Thompson Company are subject to the following terms and conditions. The customer hereby agrees that all amounts due from goods and services are payable to The Thompson Company at address shown on invoice, and statements are payable in full. As security for any amounts due The Thompson Company the customer hereby grants The Thompson Company a security interest in all equipment, supplies, inventory or other goods purchased from The Thompson Company and the proceeds thereof. The customer understands and agrees that The Thompson Company may cancel extension of credit, and/or discontinue deliveries at any time; and may require all outstanding amounts to be paid in full on demand in the event sales to customer are discontinued for any reason. The customer hereby agrees that all amounts due The Thompson Company are payable in full according to the terms stated on each invoice. If any amount due The Thompson Company is not paid in said period, a charge of 1 1/2% per month (18% per annum) of the delinquent balance or the maximum rate allowable by law (whichever is less) shall accrue from the date payment is due, until paid. The customer agrees that all transactions arising hereunder shall be governed and interpreted by the laws of the state in which The Thompson Company branch supplying the customer is located. The customer agrees that venue of any action to enforce this agreement shall be in the county in which The Thompson Company branch supplying the customer is located. The customer agrees to pay, in the event the account becomes delinquent, all The Thompson Company attorneys fees associated with collection of the account plus all attendant collection costs whether or not litigation is initiated. The customer authorizes The Thompson Company to inquire into and obtain, at any time, from any bank, lending institution or credit application and any and all information relating to the customer's credit worthiness or financial condition, including personal credit report on its officers, partners and owners. The customer agrees to notify The Thompson Company's credit department in writing (certified mail) 30 days prior to any change of name and/or ownership of the customer, or of the customer's business, and further agrees to be liable for all purchases by any buyer of the business should said notification not be given. The Thompson Company may, regardless of terms stated on the invoices, require all outstanding amounts to be paid in full on demand, upon change in ownership. **Venue: Any legal action between parties shall be in Grand Island, Hall County, NE, with the prevailing party being entitled to recovery of reasonable attorney fees incurred in connection with such action.**

Officer/Owner/Partner: _____

Legal Name of Customer: _____

Printed Name: _____

Thompson Company representative: _____

Date: _____