



Corporate Name _____

Year Business Established _____ Year Incorporated _____

Trade Name _____

Address _____

Street Address _____

City, State _____

Proprietorship _____ Ltd. Partnership _____ Partnership _____

Corporation-State of _____

Corporation Officers Names _____

Telephone Number _____ Fax Number _____

After Hours Contact _____

Type of Business- Distributor _____ Retailer _____ Other _____

Est. Weekly Purchases _____

Accounts Payable Contact _____

Within the last five years, has applicant, or principal owners of applicant, been sued by a trade creditor or filed a petition under any Chapter of he Bankruptcy code?

Yes _____ No _____ if yes, please explain _____

Suppliers:

1. _____ Telephone _____

Address _____

2. _____ Telephone _____

Address _____

3. _____ Telephone _____

Address _____

Bank:

I hereby authorize release of information pertaining to my checking account number _____ Savings account number _____

Name of Bank _____ Telephone _____

Contact Person _____

Our company is financially sound and able to pay all your invoices according to your terms. I understand terms are net 7 days and I am willing to abide by your terms.

Signed _____

Title _____

[Please fax back or email to Ralph Johnson at 704-528-4277 or rjohnson@casefarms.com](mailto:rjohnson@casefarms.com)

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