



The Chicken of Choice.™

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 the Bankruptcy code?

Yes _____ No _____ if yes, please explain _____

Suppliers:

1. _____ Telephone _____

Address _____

2. _____ Telephone _____

Address _____

3. _____ Telephone _____

Address _____

Have you been in contact with a Case Farms Sales Representative?

Yes _____ No _____ if yes, please list Sales Rep Name(s) _____

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 Joey Long at 704-528-4277 or jlong@casefarms.com

Case Farms
385 Pilch Rd
P.O. Box 729
Troutman, NC 28166 USA