



**MILKY'S NORTHEAST CREAMERY**  
*A Division of Milkcase Gang Productions, LLC*  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Officer/Principal:

Title:

Company Name:

Phone:

Fax:

E-mail:

Registered Company Address:

City:

State:

ZIP Code:

Date Business Commenced:

Sole Proprietorship:

Partnership:

Corporation:

LLC, Other:

**BUSINESS AND CREDIT INFORMATION (BILLING)**

Primary Business Address:

City:

State:

ZIP Code:

Telephone:

Fax:

E-mail:

How long at current address?

Number of Full-Time Employees:

Number of Part-Time Employees:

Federal Tax Identification Number or Social Security Number:

Resale Certificate Number:

Tax Exempt:

Bank Name:

Bank Address:

Key Contact:

Phone:

City:

State:

ZIP Code:

Type of Account

Account Number

Savings

Checking

Other

**BUSINESS/TRADE REFERENCES**

**Company name:**

Key Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of Account:

**Company name:**

Key Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of Account:

**Company name:**

Key Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of Account:

**CREDIT AMOUNT APPLIED FOR:**

**Standard Credit Terms: Net 14 Days.**

Credit Amount Applied For:

**AGREEMENT**

1. All invoices are to be paid 14 days from the date of the invoice. Net 14 Days.
2. Delivery and Handling Charges may apply.
3. Claims arising from invoices must be made within seven working days.
4. By submitting this application, you authorize Milkcase Gang Productions, LLC. to make inquiries into the banking and business/trade references that you have supplied.
5. All balances unpaid accrue interest at 5% on the unpaid balance each month after the Net 14 days have passed.
6. A fee of \$45.00 will be charged for any returned checks.
7. Upon a delinquency to pay overdue invoices, the Customer agrees to pay any and all fees for collection, including collection costs, attorney's fees and court costs.
8. Customer acknowledges that all information stated in this credit application is accurate and authorizes Milkcase Gang Productions, LLC to contact any references or banks regarding payment terms and ability to pay any debts.

**SIGNATURES**

Name:	Name:
Signature:	Signature:
Title:	Title:
Date:	Date:

**FOR OFFICE USE ONLY**

Date Received:
Approved By:
Date Approved:

Customer Notified By:
-----------------------

Date:
-------

Credit Amount Approved:	Net Payment Days:
-------------------------	-------------------

Customer ID:
--------------

**Version: 9/1/2010**