



MLS CUSTOMER ID _____

Date: _____

Credit Limit Requested: \$ _____

APPLICANT			
Full Legal Name		DBA (if different)	
Business Street Address		City	State Zip Code
Billing Street Address (if different)		City	State Zip Code
Business Phone #	Business Fax #	Cell Phone #	
Main Person of Contact, Name & Number:			
Invoice/Statement Delivery Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email		Email Address:	
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (specify) _____			
Federal Tax ID # or SSN:		Years in Business	
OWNERSHIP INFORMATION			
Please complete the below information for all officers, partners, members, and owners			
Name	Title	Ownership %	Phone #
BANK REFERENCE			
Bank Name		Phone #	Bank Address
Account Type	Fax number	Email	
CREDIT REFERENCES (PLEASE LIST TWO)			
Business Name	Address	Phone #	Email Address

Email completed forms to Erin Baete
ebaete@midwestlivestock.com
 Or mail to: Midwest Livestock Systems
 P.O. Box 38, Beatrice, NE 68310



MORTGAGE HOLDER/LANDLORD INFORMATION	
Name	Contact
Address	Phone #
Do you rent or own premises that the business occupies?	Years at location
Has the company or any officer, partner, member, or owner ever filed for bankruptcy? (If yes attach details) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your company or any company that any officer, partner, member, or owner been associated with as an officer, partner, member, or owner ever had credit with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes under what name?	
By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale. I agree and accept that the credit limit and credit terms may be changed or withdrawn at the sole discretion of the creditor. Creditor shall include creditor subsidiaries, related companies, and assigns. The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct, and complete. The Applicant authorizes creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide creditor with complete information for the purpose of credit evaluation. The applicant understands that all past due balances will be subject to a 1.50% per month finance charge. The applicant further agrees to pay all collection charges in the event of default if the account is placed with a collection agency or attorney.	
Signature: _____ Title: _____ Date: _____	
Print Name: _____	

(IF APPLICABLE, PLEASE PROVIDE A COPY OF YOUR TAX-EXEMPT FORM ALONG WITH THIS APPLICATION)

<p>Office use only</p> <p>Approved by: _____</p> <p>Amount Approved: \$ _____</p>
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