



Shoup's
Country Foods, Inc.

WHOLESALE APPLICATION

Date _____

Customer Information:

Customer Name: _____

D&B# _____

Address: _____

Years in Business: _____

_____ Incorporated? yes or no Date _____

Phone: _____ Fax _____ Tax I.D. _____

Contact Person: _____ Email _____

Financial Institution:

Name: _____ Contact: _____

Address: _____ Email _____

City _____ State _____ Zip _____

Account # _____

Trade References:

Name: _____ Name: _____ Name: _____

Contact: _____ Contact: _____ Contact: _____

Address: _____ Address: _____ Address: _____

Email: _____ Email: _____ Email: _____

Phone: _____ Phone: _____ Phone: _____

Fax: _____ Fax: _____ Fax: _____

Personal Guarantor: I personally guarantee payment of all applicants charges as consideration for the extension of credit by Shoup's Country Foods, Inc.

Guarantor Name: _____

Date: _____

Signature: _____