



Credit Application

Business/Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Type: Sole Proprietor Partnership Corporation Years in Business: _____

Email: _____ Phone: _____

List All Affiliated Parties (Individuals/Partnerships/Corporate Officers)

Contact Name & Title	Address	Phone	Fax

Bank References

Bank Name	Contact Name & Title	Address	Phone	Fax
1) _____				
2) _____				
3) _____				

Trade References (Please list 3 references)

Company Name	Contact Name & Title	Address	Phone	Fax
1) _____				
2) _____				
3) _____				

ALL FREIGHT INVOICES ARE DUE UPON RECEIPT.

ALL FEED INVOICES DUE THE 10TH OF THE FOLLOWING MONTH.

The above information is submitted for the sole purpose of establishing a revolving charge account. I hereby certify the information to be true and I authorize Stan's, Inc. to contact my references.

Signature: _____ Title: _____ Date: _____

Please return completed form for processing.

PO Box 100 • 1008 Railway Ave. • Alpena, SD 57312
PH: 605-849-3600 • FX: 605-849-3599 • lese@stansinc.net