

Midwest Hop Producers, LLC
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company Name:			
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:	State:	ZIP Code:	
Date Business Established:			
Sole Proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary Business Address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank Name:			
Bank Address:		Phone:	
City:	State:	ZIP Code:	
Type of account:		Account number:	
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

1st Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
2nd Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
3rd Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Midwest Hop Producers, LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: