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| new JOHNSON logo | | | | | | **JOHNSON FEED, INC.** 305 W. INDUSTRIAL ROAD **CANTON, SD 57013PH: (605) 764-7371**  **FAX: (605) 764-8371**  [briana@johnsonfeedinc.com](mailto:briana@johnsonfeedinc.com) | | | | |
| ***Application for Credit with Johnson Feed, Inc.*** | | | | | | | | | | |
| LEGAL NAME OF COMPANY: | | | | | | | INC/PART/PROP. | | | This Section Must be Filled Out |
|  | | | | | | |  | | |
| TRADE NAME/DBA: | | | | | | | FEDERAL TAX IDENTIFICATION #: | | |  |
|  | | | | | | |  | | |
| BILLING ADDRESS: | | | | | | | City, State, Zip | | |  |
|  | | | | | | |  | | |
| SHIPPING ADDRESS: | | | | | | | PHONE #: | | |
|  | | | | | | | FAX #: | | |
| OWNER(S) / OFFICER(S): | | | | | | | BUYER NAME: | | |
|  | | | | | | | BUYER EMAIL: | | |
| A/P CONTACT: | | | A/P PHONE #: | | | | | E-MAIL ADDRESS FOR INVOICES: | |
|  | | |  | | | | |  | |
| TAXABLE? | RESALE #: | DUNS #: | | | TYPE OF BUSINESS: | | | | YEARS IN BUSINESS: |  |
| Yes / No |  |  | | |  | | | |  |  |
| **BANK REFERENCE:** | | | | | | | | | | |
| BANK NAME: | | | ACCOUNT NUMBER: | | | | | TYPE OF ACCOUNT: | |  |
|  | | |  | | | | |  | |  |
| BANK ADDRESS: | | | CONTACT NAME: | | | | | PHONE #: | |  |
|  | | |  | | | | |  | |  |
| **TRADE REFERENCES:** | | | | | | | | | | |
| NAME: | | | ACCOUNT NUMBER: | | | | | CONTACT: | |  |
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| ADDRESS: | | | PHONE #: | | | | | FAX #: | |  |
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| NAME: | | | ACCOUNT NUMBER: | | | | | CONTACT: | |  |
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| ADDRESS: | | | PHONE #: | | | | | FAX #: | |  |
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| I/We understand that Johnson Feed, Inc. terms are Net 30 Days from billing date and I/we agree to pay all proper payments in accordance with these terms. I/We agree that all past-due amounts shall bear interest at the maximum legal contractual rate of 2% per month. In the event that collection of the account becomes necessary, costs and attorney fees are incurred, I/We agree to pay all such expenses. Moreover, I/We agree that venue shall be proper in the courts of Lincoln County, South Dakota, and that the laws of the State of South Dakota shall apply, without regards to its conflict of law rules. For the sole purpose of obtaining credit, I/We authorize Johnson Feed, Inc. to contact any and all references listed above and investigate our credit and financial responsibility. | | | | | | | | | | | |
| **Sign Here:**  Signed By: | | | | Title: | | | | | |  |
| Printed Name: | | | | Date: | | | | | |  |