LABUDDE GROUP, INC.

P.O. BOX 420, GRAFTON, WI 53024
PHONE 262-375-9111
FAX 262-375-9058

Credit Application

BUSINESS INFORMATION

Legal Name _____

D/B/A _____

Street Address _____
Street City State Zip Code County

Mailing Address _____
Street City State Zip Code County

Phone Number ( ) _____ Fax Number ( ) _____ E-Mail _____

Year Started _____ Federal Tax Number _____ Social Sec. No. _____
DUNS Number _____

Type of Ownership:
☐ Corporation President _____ Treasurer _____
☐ Sole Proprietorship
☐ Partnership Purchasing Agent _____ Accounts Payable _____

BANK INFORMATION

Primary Bank Name _____ Phone No. ( ) _____

Address _____ Fax Number _____
Street City State Zip Code

Officer's Name _____ Account Number _____ ☐ Deposit ☐ Loan

TRADE REFERENCES

Line of Credit requested $_____ **Farm Plan Account # _____**

Name of 1st Reference _____ Area Code/Phone ( ) _____

City/State _____ Fax No. _____

Name of 2nd Reference _____ Area Code/Phone ( ) _____

City/State _____ Fax No. _____

Name of 3rd Reference _____ Area Code/Phone ( ) _____

City/State _____ Fax No. _____

Name of 4th Reference _____ Area Code/Phone ( ) _____

City/State _____ Fax No. _____

The above information is warranted to be true The applicant hereby authorizes a full and complete investigation by LaBudde Group, Inc. and understands that LaBudde Group, Inc. will not process a "charge" order until a signed credit agreement has been submitted.

Company _____ Date _____

By: _____ Title _____