

The Rogue Creamery

311 N. Front Street, Central Point, OR 97502

T: 541.665.1155 F: 541.665.4937

Wholesale Customer Set-Up Form

Must be returned before shipment of first order. Complete this form entirely with all 3 references and complete addresses

Name/Address

Last Name	First Name	Middle Initial	Title
_____	_____	_____	_____
Name of Business			Federal Tax I.D.
_____			_____
Mailing Address:			Phone:
_____			_____
Physical Address			Fax:
_____			_____
Website:	Email:		
_____	_____		

Company Information

Type of Business	In Business Since:
_____	_____
Legal Form Under Which Business Operates (Corporation,, Partnership, Proprietorship, Other)	

If Division/Subsidiary, Name of Parent Company:	In Business Since:
_____	_____
Name of Company Principal Responsible for Business Transactions:	Title:
_____	_____
Address:	Phone:
_____	_____

Bank Reference

Institution Name:	Address:	Checking Account #:
_____	_____	_____
		Phone: Fax:

Institution Name:	Address:	Savings Account #:
_____	_____	_____
		Phone: Fax:

Trade Reference

Company Name and Contact:	Address:	Account Since:	Credit Limit:
_____	_____	_____	_____
		Phone: Fax:	
		_____	_____
Company Name and Contact:	Address:	Account Since:	Credit Limit:
_____	_____	_____	_____
		Phone: Fax:	
		_____	_____
Company Name and Contact:	Address:	Account Since:	Credit Limit:
_____	_____	_____	_____
		Phone: Fax:	
		_____	_____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. The undersigned also agrees that in the event the above account defaults on and all debts owed to The Rogue Creamery, he/she will personally assume the said debts, including any and all collections fees and interest, at the rate of 1.5% per month on the unpaid balance.

Signature of Officer/Owner: _____ Printed Name: _____
Date: _____ Title: _____