

Wildlife Creations LLC
9799 N Phillippe Rd
Hallsville MO 65255
PH: 573-696-1500 Fax: 573-696-1520

CREDIT APPLICATION

Date: _____ D&B listed? ____yes ____no

Name of Firm: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Check One: ____Corporation ____Partnership ____Individual

How long in business: _____ Fed. ID number _____
State Tax # _____

Name and social security # of owner(s) or; if corporation, officers:

_____ social security # _____

_____ social security # _____

_____ social security # _____

_____ social security # _____

MAJOR TRADE REFERENCES:

Name _____ Phone: _____

Street: _____ Fax: _____

City/State/Zip: _____ Acct # _____

Name _____ Phone: _____

Street: _____ Fax: _____

City/State/Zip: _____ Acct # _____

Name _____ Phone: _____

Street: _____ Fax: _____

City/State/Zip: _____ Acct # _____

BANK REFERENCE:

Bank Name: _____ Acct.# _____

Bank Officer _____ Phone: _____

Street Address: _____

City/State/Zip _____

Terms & Conditions

1. We accept MasterCard and VISA. Net terms are available upon approved credit and signed personal guarantee.
2. All accounts past 30 days are subject to a service charge of 1.5% per month (Annual percentage rate 18%)
3. Any account that is late with payment loses their net terms status. **NO EXCEPTIONS.**
4. Past due accounts will receive one notice from us about the past due conditions. If payment is not made with in one week of notice, the account will be turned over to our collection agency.

I have read and understand the *Terms & Conditions* of this application. All the information I have provided is true to the best of my knowledge. I hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. I agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. I agree to pay all costs of collection and litigation on this account in accordance with the laws of the state of Missouri. I agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

The undersigned personally guarantees the full payment of credit extended to the applicant by Wildlife Creations LLC.

Name of Business _____ Fed ID # or SSN # _____

Signature of applicant: _____ Date _____

Print name _____ Title _____