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CREDIT APPLICATION

Name _____ Birth Date/ Company Start Date _____
Company Name _____ Company Type - Individual Partnership Corp
SSN# _____ Contact _____
Billing Address _____ Phone _____
_____ Fax _____
Shipping Address _____ Product Ordered _____
_____ **Credit Limit Desired** _____

BANK REFERENCE

Name of Bank _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____ Contact Name _____
Type Of Account: Savings Checking Loan Account # _____

MAJOR SUPPLIERS (prefer Fertilizer/Parts/Fuel suppliers, No Utilities)

Company _____ Contact _____
Address _____ Phone _____
City _____ State _____ Zip _____ Fax _____

Company _____ Contact _____
Address _____ Phone _____
City _____ State _____ Zip _____ Fax _____

We declare that all information given in the application is true and correct. We authorize the above bank and vendors to supply account information. We authorize Performance Feeds LLC to acquire a complete consumer history report using credit bureaus.

Signed _____ Date _____
Name (please print) _____ Title _____

Note: When determining credit availability or limits, Performance Feeds LLC does not discriminate based on age, sex, race or religion.