



PO Box 146
Frankenmuth, MI 48734
989-652-7016
credit@starofthewest.com

Wholesale Credit Application

All information Provided will be treated confidentially

Firm Name: _____ **Business Phone:** _____
Additional Trade Name: _____ **Cell Phone:** _____
Address: _____ **Federal Tax ID:** _____
City: _____ **State:** _____ **Zip Code:** _____
Type of Legal Entity: ☐ Corporation ☐ LLC ☐ Partnership ☐ Limited Partnership ☐ Other
Date business established: _____ **Email:** _____

Officer & Director Information

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

Trade References

Name: _____	Email: _____	Phone: _____
Address: _____	City: _____	State: _____ Zip Code: _____
Name: _____	Email: _____	Phone: _____
Address: _____	City: _____	State: _____ Zip Code: _____

Bank Reference

Bank Name: _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Contact Name: _____ **Email:** _____ **Phone:** _____

Have you ever filed for bankruptcy ☐ Yes ☐ No Are you the guarantor for any obligations of others ☐ Yes ☐ No
Amount Requested: _____
Are you a party in any pending lawsuits? ☐ Yes ☐ No

PLEASE ATTACH MOST RECENT FINANCIAL STATEMENT



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ISSUED DATE: 3/8/2019

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IMPORTANT NOTICE TO CUSTOMER – YOUR SIGNATURE ON THIS DOCUMENT ACKNOWLEDGES THE FOLLOWING:

1. The information I/we have supplied is current and accurate to the best my/our knowledge.
2. I/We authorize Star of the West Milling Co. (SOTW) to contact the financing and business references provided, any other agency with which I/We have financial arrangements and other sources as deemed necessary by SOTW, all past or present creditors for the purpose of establishing an account with SOTW, and to update any and all references, including my/our most recent financial statement, as determined necessary by SOTW.
3. Terms of sale and late charge effective dates and rates have been disclosed to me/us by SOTW.
4. SOTW does not waive its rights by accepting late payments. If the account is placed for collection or with collection agency or attorney, I/We agree to pay all costs of collection, including reasonable attorney's fees.
5. I/We agree that all issues and disputes relating to any credit arrangement extended hereunder shall be determined by a court of competent jurisdiction chosen at the discretion of SOTW and that I/We expressly waive any right to a specific venue.
6. Should I exceed my credit limit, fail to submit financial information, or if my account becomes past due, I understand that Star of the West Milling Co. has the right to refuse or cancel any orders until the account is satisfied in full. I also understand that Star of the West Milling Co. has the right, if appropriate, to take any necessary steps to collect my account.

Credit sales will be granted only to customers who are "approved for credit". New customers must submit a complete credit application. Credit limits will be determined by the financial strength and payment history of the potential customer, and, if necessary, availability of collateral as supported by a Uniform Commercial Code Financing Statement (UCC-1) and a Security Agreement.

TERMS are Net 20th of the following month, unless your invoice indicates otherwise. Credit sales may be suspended in the event the credit limit is exceeded or in the event a customer fails to pay the invoice amount within the net due date. In the event of error on any invoice, Star of the West Milling Co. must be notified within 48 hours of receipt of the sales invoice.

LATE CHARGES will be assessed on all past due invoices at the rate of 2.0% per month, effective the first day past due.

PAYMENTS on account will be applied to specific invoices as indicated with the customer's remittance. A charge of \$25 will be assessed in the event a customer check is returned for any reason by the bank.

COLLECTION POLICY *All accounts submitted to an attorney or collection agency will be denied any further credit for a period of at least one year. SOTW may recover all late charges, collection fees, court costs, and reasonable attorney's fees resulting from failure to pay any invoice by the due date.*

Applicant Name: _____	Signature: _____
Co-Applicant Name: _____	Signature: _____
Co-Applicant Name: _____	Signature: _____
Star of the West Manager Name: _____	Signature: _____
Star of the West Credit Manager: _____	Signature: _____
Amount Approved: _____	Date: _____



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