

Higher Power Trail Mix & Nuts Credit Application

Mail to: 1131 Oak Street Ashland OR 97520 or Fax to: (877) 373-8179

Name / Address

Company Name:	Date:
Contact person:	Tax ID #:
Address:	Phone:
City: State: Zip:	Fax:
email address:	

Company Information

Type of Business:	Year Business Opened:
Check One: () Corporation () Partnership () Sole Proprietor	
If Division / Subsidiary, Name of parent company:	
President/Owner/CEO:	
Accounts Payable Contact:	
A/P Phone:	A/P email:

Bank Information

Name of Bank:	Acct #:
Contact Person:	Date opened:
Address:	Phone:
City: State: Zip:	Fax:

Trade References

Company Name:	Contact:
Address:	
Phone:	Fax:
Company Name:	Contact:
Address:	
Phone:	Fax:
Company Name:	Contact:
Address:	
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, in order to verify the information contained herein.

The undersigned hereby agrees that should an account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay fees equal to the cost of collection, including court costs.

Signature: _____

Date: _____

Please print your name: _____

Title: _____