



Phone 952.403.1221
 Fax 952.403.1220
 Toll Free 800.642.3246
 8610 Hansen Ave
 Shakopee MN 55379
 Equal Opportunity Employer

DRIVEN BY QUALITY

CREDIT APPLICATION

Line of Credit requested \$ _____ Date _____

Business Name _____

D/B/A or other business name used: _____

Address _____ Phone: _____ fax: _____

Federal Tax I.D.# _____ State Sales Tax I.D. # _____

If 'tax exempt' please send copy of Sales Tax Exemption Certificate

Former Business Address (if applicable) _____

Type of Business _____ Date established _____ How long in business _____

Type of ownership: Sole Proprietorship _____ Partnership _____ Corporation _____

Principal: _____
 (Name) (Title) SSN State of Residence

Principal: _____
 (Name) (Title) SSN State of Residence

Controller: _____ Phone # _____

Accounts Payable Contact: _____ Phone # _____

Number of Employees _____ Est. Annual Sales \$ _____ Sales area _____

Has this firm or any of its Principals ever declared bankruptcy? Yes _____ No _____

If yes, please explain: _____

TRADE REFERENCES: (Name major supplier of products and services)

Company Name: _____ Contact Person: _____

Address: _____ Phone: _____ fax: _____

Company Name: _____ Contact Person: _____

Address: _____ Phone: _____ fax: _____

Company Name: _____ Contact Person: _____

Address: _____ Phone: _____ fax: _____

Upon default of terms and conditions, applicant agrees to pay any collection costs incurred by Biffs, Inc. and/or Biffs Boxes in the collection of the account balance, including finance charges and reasonable attorney fees.

The undersigned, as an inducement to grant credit, warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed.

 (Name) (Title) (Date)

 (Name) (Title) (Date)

Biffs, Inc. and Biffs Boxes reserves the right to request a Personal Guaranty be signed separately by any partnership or sole proprietorship entities, should their credit status not meet our requirements.