



1213 W Central Rd Emmett, ID 83617  
208-398-8113 FAX: 208-398-8119  
**ACCOUNT APPLICATION**

**General Information:**

Full Legal Name of Business \_\_\_\_\_  
Business Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_  
Business Type: Individual/DBA \_\_\_\_ Partnership \_\_\_\_ Corporation \_\_\_\_ LLC \_\_\_\_  
Tax ID Number \_\_\_\_\_ Year Established \_\_\_\_\_

**Owner/Principal Information:**

Name \_\_\_\_\_ Title or Position \_\_\_\_\_  
Home Address \_\_\_\_\_ Home or Cell Phone \_\_\_\_\_  
Name \_\_\_\_\_ Title or Position \_\_\_\_\_  
Home Address \_\_\_\_\_ Home or Cell Phone \_\_\_\_\_

**Bank Reference:**

Primary Bank \_\_\_\_\_ Contact Person \_\_\_\_\_  
Bank Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Account Number \_\_\_\_\_ Phone \_\_\_\_\_

**Trade References:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Primary Contact Person:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

In condition of credit being extended by Provender Nutrition Resources (Provender) to the above named applicant for merchandise to be purchased, whether applicant is an individual, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Provender the faithful payment, when due, of all accounts of said applicant for purchases made after the date of this application. Applicant agrees to pay any collection costs incurred to collect the account balance including reasonable attorney's fees and fees paid to a collection agency if account becomes past due. Our regular terms of payment are Net 30 days. All delinquent payments are subject to a late charge of 1.5% per month which is an annual rate of 18%.

Signature of Owner, Partner, or Officer \_\_\_\_\_ Date \_\_\_\_\_