MANION FOODS, INC.

2614 N. 14th St. • P.O. Box 845 • Superior, WI 54880
(715) 392-8000 • 1-800-473-2353 • sales@manionfoods.com • manionfoods.com

CREDIT APPLICATION

*Fields marked * are required. Please complete every section that applies to your business.*

1 BUSINESS INFORMATION

LEGAL BUSINESS NAME *			FEDERAL EIN / TAX ID *
DBA / TRADE NAME *(if different)*	YEARS IN BUSINESS *		BUSINESS PHONE *
BUSINESS STREET ADDRESS *	CITY *	STATE *	ZIP *
BUSINESS EMAIL * *(invoices & statements sent here)*		TYPE OF BUSINESS * *(restaurant, bar, school, c-store…)*	
ENTITY TYPE * ☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation (private) ☐ Corporation (public)			
REQUESTED CREDIT LIMIT	ESTIMATED MONTHLY PURCHASES		
SALES TAX EXEMPT? * ☐ No ☐ Yes — exemption certificate attached (required to avoid tax)			

2 CONTACTS

PURCHASING CONTACT *	PHONE	EMAIL
ACCOUNTS PAYABLE CONTACT *	PHONE	EMAIL *
DELIVERY CONTACT / ATTENTION TO		MOBILE

3 BILLING ADDRESS

☐ Same as business address above — skip the rest of this section

BILL TO — NAME	STREET ADDRESS	CITY	STATE	ZIP

4 OWNERSHIP

OWNER / PRINCIPAL — FULL NAME *	TITLE *	MOBILE
SECOND OFFICER — FULL NAME *(if applicable)*		TITLE

☐ At this address less than 5 years (3 years for corporations) — if checked, complete the line below

PREVIOUS BUSINESS ADDRESS	CITY	STATE	ZIP

5 BANK REFERENCE

BANK NAME *	CITY / STATE	PHONE

6 TRADE REFERENCES *Three required — please list suppliers you currently buy from on credit*

1 — COMPANY NAME *		CONTACT NAME
PHONE *	EMAIL	YEARS DOING BUSINESS

2 — COMPANY NAME *		CONTACT NAME
PHONE *	EMAIL	YEARS DOING BUSINESS

3 — COMPANY NAME *		CONTACT NAME
PHONE *	EMAIL	YEARS DOING BUSINESS

7 TERMS, AUTHORIZATION & SIGNATURE

I certify that the information provided in this application is true and complete, and that the credit terms stated here are fully understood. In consideration of Manion Foods, Inc. extending credit to the applicant, the applicant agrees to pay all invoices within the terms stated on the invoice, including finance charges not to exceed 1.5% per month on any balance 30 days or more past due, and to pay all costs of collection, including reasonable attorney's fees incurred by or on behalf of Manion Foods, Inc. in connection with the collection or attempted collection of any and all past due invoices and any and all amounts due to Manion Foods, Inc.

I authorize Manion Foods, Inc. to contact the bank and trade references listed above and to obtain business credit reports on the applicant, both in evaluating this application and in periodically reviewing the account thereafter.

This application, and any account established under it, is governed by the laws of the State of Wisconsin. The applicant consents to jurisdiction and venue in the state courts located in Douglas County, Wisconsin, for any action arising out of this application or out of any amounts owed to Manion Foods, Inc.

By signing electronically, I agree that my electronic signature is the legal equivalent of my handwritten signature and I consent to conduct this transaction electronically.

SIGNATURE *	PRINTED NAME *	TITLE *	DATE *

8 PERSONAL GUARANTEE

Required for sole proprietorships, partnerships, and businesses in operation less than three years. Manion Foods, Inc. may also request a personal guarantee in other circumstances.

GUARANTOR — PRINTED FULL NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
GUARANTOR HOME ADDRESS	CITY	STATE	ZIP

In consideration of Manion Foods, Inc. extending credit to the applicant, I personally and unconditionally guarantee payment of all amounts owed to Manion Foods, Inc. by the applicant, including finance charges not to exceed 1.5% per month on any balance 30 days or more past due, and all costs of collection, including reasonable attorney's fees incurred by or on behalf of Manion Foods, Inc. This guarantee is continuing and remains in effect until revoked by me in writing and acknowledged in writing by Manion Foods, Inc. This guarantee is governed by the laws of the State of Wisconsin, and I consent to jurisdiction and venue in the state courts located in Douglas County, Wisconsin.

GUARANTOR SIGNATURE	PRINTED NAME	DATE

WITNESS TO GUARANTOR SIGNATURE — MANION FOODS	PRINTED NAME	DATE

FOR MANION FOODS OFFICE USE ONLY

ACCOUNT #	SALES REP	TERMS	CREDIT LIMIT	APPROVED BY	DATE

TAX — STATE	TAX — CITY	TAX — COUNTY	TAX — OTHER	NOTES