



# CREDIT APPLICATION

MLF Biotech, Inc.  
 P.O. Box 247  
 Leesburg, IN 46538  
 Phone: 574-453-4191  
 Fax: 574-453-4841

Date: \_\_\_\_\_

<b>Office Use Only</b>	
Date Received	_____
New	_____
Update	_____
Credit Report	_____
D & B	_____
Foodservice	_____
Retail	_____
Date Processed	_____
Date Complete	_____

<b>Bill To:</b>	<b>Ship To:</b>
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Fax #: _____	
Principal(s): _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	
No. of Years in Business: _____	

	<b>Office Use Only</b>
Bank: _____	Year Opened: _____
Address: _____	Avg./Acct T'Bal: _____
Phone: _____	NSF: _____
Acct No.: _____	LOC: _____
Contact: _____	Comments: _____

Name: _____	Years Opened: _____
Address: _____	Terms: _____
Phone: _____	Pay History: _____
Contact: _____	High Cr. _____
	COS: _____ PD. _____
	DOLS: _____
	Comments: _____

Name: _____	Years Opened: _____
Address: _____	Terms: _____
Phone: _____	Pay History: _____
Contact: _____	High Cr.: _____
	COS: _____ PD. _____
	DOLS: _____
	Comments: _____

Name: _____	Years Opened: _____
Address: _____	Terms: _____
Phone: _____	Pay History: _____
Contact: _____	High Cr.: _____
	COS: _____ PD. _____
	DOLS: _____
	Comments: _____

Signature of this form serves as authorization for release of credit terms.  
 The undersigned, as an authorized agent for buyer, agrees the buyer shall pay all obligations together with attorney and/or collections fees incurred if the buyer fails to comply with any of the terms and/or conditions and/or fails to satisfy any obligation of the buyer to the seller; or if the seller with reasonable cause deems the obligation uncollectible without professional and/or legal assistance.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_