

INGREDIENTS FOR MANUFACTURERS

YOST *Foods* Inc.

PO Box 386 Hinckley, Ohio 44233

Phone: (330) 273-4420

Fax: (330) 273-4428

Credit Information

Date: _____

Business Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Ship to address, if different than above: _____

Years in Business: _____ Corporation: _____ Partnership: _____ Proprietorship: _____

If a division or subsidiary of another company, please indicate and show relationship:

List principals, partners or key contact person: _____

Estimated credit line required: \$ _____ Amount of first order: \$ _____

Bank reference: _____ Account #: _____ Contact: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Trade references (list 3 Food Ingredient suppliers who supply you on credit):

Name: _____ Address: _____ Phone/FAX: _____

1. _____

2. _____

3. _____

Fax numbers are very important!

We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history. We agree to Yost Foods, Inc.'s payment terms and condition of sale. Buyer agrees to pay attorney and court costs if legal action for collection is required.

Applicant's Name: _____ Date: _____

Authorized Signature: _____ Title: _____

Please fax completed credit application to (330) 273-4428 Attn: Credit Department