

# Cackle Hatchery Wholesale Application

P.O. Box 529 • Lebanon, MO 65536 • Phone: 417-532-4581 • Fax: 417-588-1918 • wholesale@cacklehatchery.com

## Business Information

Please type or print clearly

<b>Business Name:</b>			
<b>Responsible Party for Business Transactions:</b>			<b>Title:</b>
<b>Physical Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Business Phone:</b>	<b>Cell Phone:</b>		
<b>Email Address:</b>			
<b>Resale/Exempt Certificate #:</b>		<b>Years Owned:</b>	
<b>Legal Form Under Which Business Operates:</b>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship

## Billing Information

<b>Contact:</b>	<b>Title:</b>
<b>Billing Address (if different from above):</b>	
<b>City:</b>	<b>State: Zip:</b>
<b>Phone:</b>	<b>Email Address:</b>

## Company Information

<b>Poultry Manager(s):</b>	
<b>Do you sell from a business storefront or a farm?</b>	<b>Total Annual Sales Volume:</b>
<b>How many birds do you anticipate ordering per season?</b>	
<b>Which of the following are you planning sell?</b>	<input type="checkbox"/> Chicks <input type="checkbox"/> Waterfowl <input type="checkbox"/> Turkeys <input type="checkbox"/> Game Birds

## Bank Reference

<b>Institution name:</b>	<b>Name on Account:</b>
<b>Contact:</b>	<b>Title:</b>
<b>Phone:</b>	<b>Fax:</b>

## Business Reference

<b>Company:</b>	<b>Company:</b>	<b>Company:</b>
<b>Contact:</b>	<b>Contact:</b>	<b>Contact:</b>
<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
<b>Phone:</b>	<b>Phone:</b>	<b>Phone:</b>
<b>Fax:</b>	<b>Fax:</b>	<b>Fax:</b>
<b>Account Open Since:</b>	<b>Account Open Since:</b>	<b>Account Open Since:</b>
<b>Credit Limit:</b>	<b>Credit Limit:</b>	<b>Credit Limit:</b>
<b>Current Balance:</b>	<b>Current Balance:</b>	<b>Current Balance:</b>

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the conditions of credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

**Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Company Use Only</b>	<b>Approved By:</b>	<b>Date:</b>
<b>Type of Account:</b>	<input type="checkbox"/> Pre-Pay <input type="checkbox"/> CC on File <input type="checkbox"/> Net 10 <input type="checkbox"/> Net 30 <input type="checkbox"/> Post Paid	
<b>Notified of Approval/Denial on:</b>	<b>Spoke to:</b>	



# Cackle Hatchery

PO Box 529 Lebanon, Mo 65536  
(417) 532-4581 Fax:(417) 588-1918  
wholesale@cacklehatchery.com

## AUTHORIZATION FOR RELEASE OF CREDIT INFORMATION

The undersigned applicant has submitted an application to Cackle Hatchery for credit and hereby authorizes:

1. Cackle Hatchery to obtain a credit report from any credit reporting agency relating to the undersigned for which Cackle Hatchery may deem necessary to evaluate the conditions of the credit to be extended.
2. Any bank or lender or grantor of credit to provide Cackle Hatchery a copy of the Applicants information regarding financial responsibility of the Applicant as requested by Cackle Hatchery for the purpose of evaluating the conditions of credit to be extended.

The release by you of information is authorized whether such information is of record or not. I do hereby release you and all persons, agencies, agents, employees, firms, companies, or parties affiliated with you from and damages resulting from providing such information.

This authorization is valid for thirty (30) days from the date of my signature below. Please keep a copy of my release request for your files.

Thank you for your cooperation.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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Dear Customer,

Cackle Hatchery is required by law to collect applicable sales taxes unless a valid exemption certificate is on file. If you are purchasing goods for resale or any other exempt purpose please provide a copy of your Resale or Exemption Certificate. Your cooperation on this very important matter is appreciated.

**Please submit via mail, fax, or email to:**

Cackle Hatchery—PO Box 529—Lebanon, MO 65536

Fax: (417) 588-1918

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