



Cackle Hatchery

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

Dear Wholesale Dealer,

To be a wholesale dealer with us, we require the following forms be completed, dated and signed. These are needed by all current and potential wholesale dealers and are filed in your company file.

1. Copy of your current business license
2. Authorization For Release of Credit Information
3. Wholesale Dealer Application

Please submit all forms via mail, email or fax. If you have any questions regarding completion of these forms, you may call us at (417) 446-8228.

Please submit via mail, fax, or email to:

Cackle Hatchery—PO Box 529—Lebanon, MO 65536
Fax: (417) 588-1918
wholesale@cacklehatchery.com

Cackle Hatchery Wholesale Application

P.O. Box 529 • Lebanon, MO 65536 • Phone: 417-446-8228 • Fax: 417-588-1918 • wholesale@cacklehatchery.com

Business/Billing Information

Please type or print clearly

Business Name:	Years Owned:		
Order Contact Person(s):	Title:		
Address:	City:	State:	Zip:
Business Phone:	Cell Phone:		
Order Confirmation Email Address:			
Business License #:	Copy on file?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Legal Form Under Which Business Operates:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
Billing Contact:	Title:		
Billing Address (if different from above):			
City:	State:	Zip:	
Billing Phone:	Billing Email Address:		

Company Information

Owner/Poultry Manager:				
Do you sell from a business storefront or a farm?	<input type="checkbox"/> Storefront	<input type="checkbox"/> Farm	Total Annual Sales Volume:	
How many birds do you anticipate ordering per season?	Are you a Purina Dealer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Which of the following are you planning to sell?	<input type="checkbox"/> Chicks	<input type="checkbox"/> Waterfowl	<input type="checkbox"/> Turkeys	<input type="checkbox"/> Guineas
Did you order from retail last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, name on orders?	

Bank Reference

Institution name:	Name on Account:
Contact:	Title:
Phone:	Fax:

Business Reference

Company:	Company:	Company:
Contact:	Contact:	Contact:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account Open Since:	Account Open Since:	Account Open Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

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:
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Company Use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Reason:	Date:	
Type of Account:	<input type="checkbox"/> Pre-Pay	<input type="checkbox"/> CC on File	<input type="checkbox"/> Net 10	<input type="checkbox"/> Net 30	<input type="checkbox"/> Emailed Packet
Entered In:	<input type="checkbox"/> QuickBooks	<input type="checkbox"/> WordPress	Email Newsblast List?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notified of Approval/Denial on:	Spoke to:				



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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: _____