



Cargill, Incorporated Credit Application

Revised 08_25_10

FISNA - Credit and Cash Management

**** Forward Completed Application to Your Salesperson or Customer Service Representative ****

ALL INFORMATION IS REQUIRED

CARGILL BUSINESS UNIT:

➔ PLEASE PROVIDE ALL OF THE INFORMATION REQUESTED. MISSING INFORMATION WILL DELAY APPLICATION PROCESSING.

CARGILL SALESPERSON:		AMOUNT OF CREDIT REQUESTED: \$			
COMPANY LEGAL NAME:			Cargill Monthly Orders Total: \$		
STREET ADDRESS:		City:	State:	Zip:	
MAILING ADDRESS:		City:	State:	Zip:	
TELEPHONE:		FAX Number:		Contact Person EMAIL:	
START UP YEAR:		CO. TRADE NAME:		Fed ID # & DNB#	
BUSINESS STRUCTURE: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			Parent Company:		
President:		Treas/Controller:		Parent Co Address:	
Vice President:		Accounts Payable:		City, State, Zip:	
PLEASE LIST ANY CARGILL PRODUCTS THAT YOU PURCHASE:			Product Name:		
Product Name:		Product Name:		Product Name:	
LIST OTHER CARGILL COMPANIES DOING BUSINESS WITH Company Name:					
HOW WILL THE INVOICE BE DISTRIBUTED?	FAX: <input type="checkbox"/> YES <input type="checkbox"/> NO	EMAIL: <input type="checkbox"/> YES <input type="checkbox"/> NO	MAIL: <input type="checkbox"/> YES <input type="checkbox"/> NO	ERS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
BANK REFERENCE					
PRIMARY BANK NAME:		Telephone:		Fax / Email:	
Address:		Routing/Transit (9 Digits):		Bank Contact Name:	
City:	State:	Zip:	Acct#:	<input type="checkbox"/> Deposit	<input type="checkbox"/> Loan
TRADE REFERENCES					
NAME:		Telephone:		Fax:	
Address:		City:		State:	
NAME:		Telephone:		Fax:	
Address:		City:		State:	
ARE YOU CURRENTLY INVOLVED IN, OR HAVE ON FILE, ANY OF THE FOLLOWING:		Bankruptcy?	Year:	Claims or Lawsuits?	Judgments Against You?
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FINANCIAL STATEMENT: We would appreciate receiving a copy of your latest Audited Financial Statement. We hold ALL financial information in confidence as described below. This information will be used for credit purposes only.					
<input type="checkbox"/> Financial Statement Enclosed <input type="checkbox"/> Financial Statement Mailed Under Separate Cover <input type="checkbox"/> Other _____					
<small>The undersigned hereby authorizes any bank, other grantor of credit and/or any consumer reporting agency to provide Cargill, Incorporated (or any of its subsidiaries or affiliates) (collectively, "Cargill") copies of (i) the aforementioned company's financial statements (including without limitation balance sheets and income or cash flow statements) and (ii) any "consumer report" or "investigative consumer report" for the undersigned individual, and/or (iii) any other report or information relating to the aforementioned Company's or undersigned individual's credit worthiness, credit standing, credit capacity, or mode of operation. Cargill will only request consumer credit information on the undersigned individual if the undersigned is applying for credit as an individual or if the undersigned's consumer credit information is necessary for Cargill to consider granting credit to the aforementioned Company. The aforementioned company and the undersigned individual acknowledges that this application constitutes his/her or its written consent for Cargill to request such financial statements, reports and or information (collectively, the "Information") and to disclose the Information to any third party (i) to whom one or more of your payment obligation may be assigned by us or (ii) upon whose evaluations we rely on in making a credit decision regarding your account. Information will be used solely for the purposes of establishing and monitoring credit, determining when credit should no longer be extended and collecting credit extended to you. The undersigned individual, on behalf of him/herself and the aforementioned Company, hereby releases Cargill and each person disclosing any of the Information from any and all claims, demands, losses, liabilities, costs or expenses which may arise or which the aforementioned Company or the undersigned individual may incur by reason of the disclosure of such Information. Should credit be granted by Cargill all decisions with respect to the extension, the continuation or the termination of credit and the amount of any credit extended, from time to time, shall be at the sole discretion of Cargill. For greater clarity, Cargill will have the right to terminate credit availability and/or reduce the amount of credit extended, at any time at its sole discretion. Customer agrees to pay Cargill (i) interest on all late payments at a rate, from time to time, determined by Cargill and notified to the aforementioned Company or undersigned individual, (ii) for all costs, expenses and fees for the collection of amounts owed to Cargill, including attorneys fees if your account is placed with counsel for collection. Payments will be considered late if they are not received by Cargill on or before the payment due date.</small>					
Person To Contact Regarding Accounts Payable:		Telephone:		Authorized Signature (REQUIRED):	
Authorized Signature Date (REQUIRED):			Title:		DATE:

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CARGILL CSR's - Please Submit Application Using the CCM JOIN Request, CRUD or BU Specific Workflow Process