



W6418 State Road 35
 Bay City, WI 54723
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Customer Finance Program

Please email your completed supply financing application to thevalleykicker@gmail.com

Finance Information

Finance Terms Requested - NET 15 30

Finance Amount

Sales Rep:

Cell Phone:

Location: Bay City

Contact Information

Your Name:

Phone/Cell

Email Address

Company Information

Legal Name

Corporate Phone

Fax

Company Address

City

State

Zip

Average Bank Balance (Last 3 Mo)

of Employees

Years in Business

Fed Tax ID #

Legal Structure

C-Corp S- Corp LLC Partnership Sole Proprietor

Required information on officers, Members, Partners, Owners or Guarantors

Name

Title

Ownership%

DOB:

SSN

Home Address

City, ST, ZIP

EMAIL:

The person signing below hereby represents and warrants that he or she is a principle or guarantor of the credit applicant. Or is duly authorized by the principle(s) and or guarantor(s) identified above to submit this application on behalf of the credit applicant and provide the authorizations and instructions set forth herein. The person signing below hereby authorizes and instructs Bay City Supplies LLC its subsidiaries, successors and assigns, and up to three (3) of its participating funders, to obtain business and or credit information regarding the issuance of the proposal to extend credit to credit applicants; and/or (2) facilitate that decision and the issuance of any resulting proposal to extend credit to credit applicant. The undersigned also acknowledges that Bay City Supplies LLC is providing this application only as a service to their customers and the financing will be facilitated in house. The undersigned hereby represents that all information contained in this information is true correct and complete. Credit applicant agrees that a digital record of this application shall be valid as the original. Credit applicant hereby authorizes us to execute and file any financing statements in its name upon approval of the application.

Signature _____ Title _____ Date _____