



Credit Profile Sheet

7803 Glenroy Road, Suite 300 Bloomington, MN 55439
 Telephone (952) 896-0433 Facsimile (952) 896-0400

Full Legal Business or Individual Name _____
 Doing Business As _____
 Billing Address _____
 City/State/Zip _____
 Shipping Address _____
 City/State/County/Zip _____
 E-mail Address _____
 (_____) (_____) _____
 Telephone No. Fax No.
 Owner/President's Name/Social Security No. _____
 (_____) _____
 Owner's Home Address & Telephone Number _____
 Federal ID No. _____ Tax Exempt No. – Send Copy of Form _____
How long in business? _____
Current Ownership in Place Since _____
Accounts Payable Contact: _____
Check one: Individual Partnership Corporation
 Estimated: \$ _____ \$ _____ \$ _____
 Sales Receivables Desired Credit

We warrant the information provided to be true. We grant permission to United Sugars Corporation to investigate applicable credit references, including commercial and consumer credit checks. We understand that credit information regarding our account may be provided to credit reporting agencies or upon our request as a reference. We agree to pay within the time required by United Sugars Corporation's stated terms of sale. Discounts taken beyond the discount period must be repaid. We understand that any credit given to us by United Sugars Corporation is discretionary with United Sugars Corporation, and may be revoked at any time. If the account is placed for collection with an attorney, whether a lawsuit is filed or otherwise, or if services of an attorney are required to protect the interest of United Sugars Corporation, we agree to pay all costs and fees, including reasonable attorneys fees. In addition, we agree to pay all charges on all returned checks on our account. We understand the return check charge is \$40.00 per check. We also understand and agree that United Sugars Corporation may, at its option, bring litigation in any court in the State of Minnesota, Hennepin County, and consent to personal jurisdiction in any such court.

Signature of Authorized Corporate Officer **Date**

Print Name **Title**

Personal Guarantee

As additional consideration for the extension of credit to _____ the undersigned personally guarantees and agrees to _____ (Company or Individual Name) pay, when due, and upon demand, full amount of any indebtedness owed to United Sugar by the _____ in connection with such sales.
 (Company or Individual Name)

Signature of Authorized Corporate Officer **Date**

Print Name **Title**

Witness **Date Witnessed**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age. The federal agency that administers compliance with this law is the Federal Trade Commission.

USC Sales Manager:

Business References

Complete Name _____

Complete Address _____

Contact Name/Account Number _____
 () _____
 Telephone Number
 () _____
 Fax Number

Complete Name _____

Complete Address _____

Contact Name/Account Number _____
 () _____
 Telephone Number
 () _____
 Fax Number

Complete Name _____

Complete Address _____

Contact Name/Account Number _____
 () _____
 Telephone Number
 () _____
 Fax Number

Bank Reference

Financial Institution _____

Complete Address _____

Contact Name/Account Number _____
 () _____
 Telephone Number
 () _____
 Fax Number

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Approved By Credit Line Terms Sales Rep