

Madhouse Munchies®

www.MadhouseMunchies.com

PO Box 946

Colchester, Vermont 05446

Phone: 1-888-Madhouse(e)

Fax: 802-655-7711

Email: Info@MadhouseMunchies.com

Date _____

Account Information and Credit Application

Full Account Name _____

D/B/A _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Structure of Business:

Individual _____ Partnership _____ Corporation _____

Federal Tax ID _____ Dun's _____

Owner/Management

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

_____ I we/our firm request(s) an open credit line as a convenience in purchasing Madhouse Munchies snack products. The references below may be contacted for the purpose of obtaining information relative to me/us/our firm.

Bank Reference

Name of Bank _____ Contact _____

Address _____ Phone _____

Suppliers References

Name Address Phone

1. _____

2. _____

3. _____

Terms: Net 10 Days (Unless other arrangements have been agreed upon in writing)

I/we, the undersigned agree to pay Madhouse Munchies Inc. within the stated terms. By affixing the signature below, the undersigned, or if a corporation, the corporate officer (agent), agrees that Madhouse Munchies Inc. shall be paid its necessary and responsible costs of collection expenses incurred, excluding a responsible attorney's fee due to litigation arising out of collection of any unpaid amounts owing by the customer. Customer agrees to pay Madhouse Munchies Inc. A late charge, in an amount equal to 1.5% per month of the total amount of any late payment. This form must be signed by an authorized officer or representative in order to establish credit.

Applicant's signature attests financial responsibility, ability, and willingness to pay invoices within stated terms.

By: _____ Title: _____ Date: _____