CREDIT APPLICATION AND AGREEMENT

Alliance Animal Care, LLC P O Box 3003 LaVergne, TN 37086-1983

unpaid balance, whichever is lower.



mal Care, LLC. Phone: (615) 793-8582 COMMERCIAL FAX: (615) 793-8594

Official Business Name			Federal ID #	Sale	s Tax# or Social Security #
Billing Address: (Street or P.O. Box	x Number)	City		County	
State	Zip Code	Tele	phone	Fax	
Email			How long	g in Business?	
Shipping Address: (If Different Fro	om Above)	City	State	Zip Co	ode
APPLICANT FINANCIAL INFO	ORMATION				
Bank Name		Phone Number			
Trade Reference					
Trade Reference					
Trade Reference					
PRIMARY OWNER INFORM	ATION REQUIRED FO	R PARTNERSHIPS & CO	RPORATIONS		
1) First Name	М	Last Name		Birth Date	Social Security Number
Physical Street Address		City	State		Zip
City	Sta	te	Zip		
2) First Name	М	Last Name		Birth Date	Social Security Number
Physical Street Address		City	State		Zip
City	Sta	te	Zip		
3) First Name	М	Last Name		Birth Date	Social Security Number
Physical Street Address		City	State		Zip
City	Sta	te	Zip		
SPOUSE & CO-APPLICANT I	NFORMATION				
First Name		М	Last Name		Birth Date
Physical Street Address					
City	Sta	te	Zip		
Social Security Number		Nam	e of Employer		Employer Phone #
Credit Line Requested \$					
NOTE TO APPLICATN: Please attac	ch a copy of your latest ba	alance sheet and profit and lo	ss statement.		
THE ABOVE INFORMATION IS SUBMIT	TED TO TENNESSEE FARMERS	COOPERATIVE (TFC), FOR CONSI	DERATION AS A BASIS FOR THE EXTE	NSION OF CREDIT YOU MAY	REFER TO THE REFERENCES LISTED HEREIN.
• • • • • • • • • • • • • • • • • • • •			pplication. Upon approval of the ou of that credit line and of paym	·	n which you submit to TFC, TFC may reto.
•			y when purchases become due ar ther deliveries under this agreen		pay TFC in full within the terms specified
delivered. If you fail to pay TFC i immediately due and payable ar	n accordance with this Ag nd to foreclose on any sec C, you will pay, to the exte	reement, TFC has the right, su urity interest which TFC may h int permitted by law, reasonal	bject to any right you have by lav lave in the purchases delivered. If ole attorney fees plus any court c	v to correct you default, t f any unpaid balance is re	veries and for purchases heretofore to declare the entire balance of your account ferred for collection to any attorney who I by TFC, and a FINANCE CHARGE a accrued on
4. If you fail to pay any invoice am	ounts due by their respect	tive due dates, you agree to pa	ay all FINANCE CHARGES on the u	npaid balance of all past	due invoices, less any applicable payments

Applicant's Signature Date Title

and credits, from the date the total amount of each invoice is due and payable at an ANNUAL PERCENTAGE RATE of EIGHTEEN PERCNET (18%), or the highest applicable and lawful rate on such

5. Applicant hereby authorizes TFC to obtain or exchange and information it may require relative to this application form any source including applicant's financial institutions and trade suppliers which TFC in its sole judgment and discretion, may deem necessary and to which TFC may apply, each source being authorized by applicant to provide TFC with such information.