



# Credit Application for FNS, LLC Suppliers

621 N. SHERMAN AVENUE MADISON, WI 53704  
 PHONE 800.722.0565 FAX 608.245.3952

Fill out this one easy application for all FNS, LLC Suppliers. Your credit application will be forwarded to all FNS suppliers. FNS, LLC does not extend credit. The undersigned certifies that all invoices will be paid, and any invoices not paid within terms are delinquent. The extension and continuation of credit are at the discretion of the Creditor. Termination of credit is at the discretion of the Creditor. The undersigned certifies that all information supplied is true and correct to the best of their knowledge. You may be contacted by FNS's suppliers for additional credit information.

## Fill Out This Application for the Financially Responsible Party

ENTITY NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ AUTHORIZED CONTACT \_\_\_\_\_  
 CITY \_\_\_\_\_ CONTACTS EMAIL \_\_\_\_\_  
 STATE \_\_\_\_\_ ZIP \_\_\_\_\_ WEBSITE \_\_\_\_\_

1) Is your Entity a:  Corporation  Partnership  LLC  Government Agency  Other \_\_\_\_\_

2) Federal Tax ID #: \_\_\_\_\_

3) Is your Entity non-profit?  Yes  No

4) Please fill in the ownership information below (person(s), corporation, or Government). If more space is needed you may use a separate page.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

5) Is your facility managed by the same entity that will be the financially responsible party?  Yes  No

If no, please fill in the following information about the management company.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 CITY/STATE \_\_\_\_\_

6) Where are invoices paid?  Facility  Corporation  Management Company  Other \_\_\_\_\_

7) How long has the financially responsible party been in business under current ownership? \_\_\_\_\_

FINANCIALLY RESPONSIBLE PARTY REFERENCES – DO NOT INCLUDE FOOD OR PHARMACEUTICAL VENDORS  
 You may be contacted by a FNS supplier for additional credit information.

	Business Name	Supply/Service	Phone #	Fax #	Account Number
Bank References					
Trade References					
Trade References					
Trade References					

The undersigned agrees to pay for all purchases according to the terms of the creditor. No terms different from the terms of the Creditor will become part of any sales agreement or purchase order, unless approved in writing by the Creditor. No returns will be accepted without prior approval, and returns may be subject to a restocking charge. The undersigned agrees that the continued solvency of the undersigned is a precondition to any sales made by the Creditor. The undersigned hereby authorizes the FNS suppliers to obtain information regarding credit history from sources including, but not limited to, the references listed above. In addition, the undersigned agrees that the Creditor may use outside credit reporting services to obtain information on the undersigned.

NAME OF ENTITY ("Undersigned") \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME OF OFFICER IF OWNER IS AN ENTITY \_\_\_\_\_ TITLE OF OFFICER \_\_\_\_\_ SIGNATURE OF OFFICER IF OWNER IS AN ENTITY \_\_\_\_\_

PRINT NAME OF OWNER \_\_\_\_\_ SIGNATURE OF OWNER \_\_\_\_\_

PRINT NAME OF OWNER \_\_\_\_\_ SIGNATURE OF OWNER \_\_\_\_\_