



NEW ACCOUNT FORM

Company Name _____

DBA _____

Legal Entity: Corporation _____ Partnership _____ LLC _____

Purchasing Group Affiliation _____

Bill To Address _____

City _____ State _____ Zip _____

Ship to Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Purchasing Contact _____

Accounting Contact _____

Terms Requested _____ Est. Annual Purchases _____

Federal Tax Number _____

BANKING INFORMATION

Name _____

Account Number _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Officer or Contact _____



SUPPLIER REFERENCES

Name _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Name _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Name _____

City _____ State _____ Zip _____

Phone _____ Fax _____

I hereby authorize *Wilder Foods Inc.* to contact the above references to obtain the necessary information for consideration of establishing credit terms. Credit terms are granted based on information received from banking and trade references. By signing I understand I am applying for credit terms and will abide by the credit policies of Wilder Foods, Inc.

Name _____ Title _____

Signature _____ Date _____

Remittance Address:
Wilder Foods, Inc.
4121 Amos Avenue
Baltimore, MD 21215

Wilder Foods, Inc.
4121 Amos Avenue
Baltimore, MD 21215
Phone: 410-358-2008
Fax: 410-358-2116