



All Correspondence: PO Box 4001, Frankfort KY 40604 ~ Physical: 3945 W. Leestown Road, Midway KY 40347  
Phone: 859.846.4060 Fax: 859.846.5222 Email: [libertyfeed@lrbcg.com](mailto:libertyfeed@lrbcg.com)

**Customer Information and Application for Open Account Purchases:**

Company Name:	EIN or SS #:
Billing Address:	
City, State, Zip:	
Daytime Phone:	Fax:
e-mail address:	
Type of Business:	
Type of Company:	<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> OTHER: _____

**Owner Contact Information (If Different Than Above):**

Owner:	Cell Phone:
Mailing Address:	City, State, Zip:
Alternate Phone:	Email:

**Credit References - We Must Have 3 References Substantiating Credit Line Requested:**

Credit Amount Desired:	\$	(If No Limit is Requested a Minimum Limit Amount Will Be Set Based on Credit)
Bank Name:	Account Number:	
Billing Address:	Type of Account:	
City, State, Zip:		
Contact Name:		
Phone Number:	Fax Number:	
Reference #1 - Company Name:	Contact Name:	
Billing Address:		
City, State, Zip:		
Phone Number:	Fax Number:	
Reference #2 - Company Name:	Contact Name:	
Billing Address:		
City, State, Zip:		
Phone Number:	Fax Number:	
Reference #3 - Company Name:	Contact Name:	
Billing Address:		
City, State, Zip:		
Phone Number:	Fax Number:	

Commencing from today's date, I understand that Liberty Feed, LLC has payment terms of 2% 10, Net 30 days. The dates whereby discounts are allowed or payments deemed within terms are subject to US Postal Service postmark date. Late payments are subject to 18% interest expense. Customer agrees that they are responsible for any and all costs of collections including but not limited to interest, attorney and/or court expenses as they may apply in the event of default of payment for purchases. Any actions required by court would be held in Woodford County, KY. By signing this form I/my company agrees to payment within these terms.

By: \_\_\_\_\_  
Signature of Authorized Representative Printed Name Date

To Whom it May Concern - For the purpose of establishing and maintaining an open purchasing account with Liberty Feed, LLC, I hereby authorize Liberty Feed, LLC to make such checks and investigations of trade references, banks of deposit and other information as necessary. It is understood that such information is for the sole purpose of verifying and setting credit limits as stated above and will be held in the strictest of confidence.

By: \_\_\_\_\_  
Signature of Authorized Representative Printed Name Date