

# MIDWEST ACORN NUT COMPANY

256 Minnesota Avenue  
Troy, MI 48083-4671  
Web Site: midwestacornnut.com

**CY-CHROME® / CY-NU®**  
THE ULTIMATE QUALITY  
ISO9001:2015 REGISTERED

Toll Free: (800) 422-6887  
Phone: (248) 583-0550  
Fax: (248) 583-9130 or 9190  
**Toll Free Fax: (877) 583-2300**

## DEALER APPLICATION – page 1 of 2

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### Attention: New Dealer Accounts

Depending upon the market(s) you serve, we distribute our product line through warehouse distributors (WD). We reserve the right to re-direct your application to the WD or WD's of your choice.

Place a check mark in the appropriate box.

New Account

Update

If Update, provide Account #

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Do you use a D. B. A.?  Yes  No If yes, add name here: \_\_\_\_\_

Place a check mark in the appropriate box above.

Is your business a:  Proprietorship  Partnership  Corporation

Place a check mark in the appropriate box above.

If a corporation, year incorporated: \_\_\_\_\_

State in which incorporated: \_\_\_\_\_

Federal Tax I. D. Number: \_\_\_\_\_

“Ship To” address (if different from mailing address):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

List Owners/Officers:

\_\_\_\_\_  
\_\_\_\_\_

Person to contact for payment: \_\_\_\_\_

Who is authorized to place orders?  
\_\_\_\_\_  
\_\_\_\_\_

Place a check mark in the appropriate box below.

Are phone orders authorized?  Yes  No

Do you have sales people calling on other businesses?  Yes  No

If yes, how many?  1-5  6-10  11-15  16-20  20+

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## DEALER APPLICATION – page 2 of 2

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### BUSINESS REFERENCES

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Please list five (5) trade references. We are unable to honor credit applications with fewer than five (5) trade references:

1. _____	Phone: _____
	Fax: _____
2. _____	Phone: _____
	Fax: _____
3. _____	Phone: _____
	Fax: _____
4. _____	Phone: _____
	Fax: _____
5. _____	Phone: _____
	Fax: _____

PLEASE NOTE: Our terms are Net 30 days. Your signature on this application acknowledges your agreement to stay within our terms. Customer will be responsible for any legal fees incurred in the event of a default on the account.

Signature: \_\_\_\_\_  
Title: \_\_\_\_\_

(Must be signed by an officer of the company.)