



## Charge Account Application Information

Food Bank of Wyoming (FBW) members may elect to apply for a charge account. The member agency will be responsible for all agency receipts (invoices) charged by approved pick up individuals. FBW will send a monthly statement of each account to the member agency. The member agency is expected to maintain accurate records of charges incurred and payments made on each account in case of a discrepancy. **A** copy of all agency receipts for food received from FBW must be kept at the agency site for a period of three years.

The member agency will pay for all charges incurred in any particular month by the 15<sup>th</sup> day of the following month. Member agency agrees to pay by agency receipt (invoice) number. If **an** account is delinquent, FBW may suspend the member's privileges of receiving food. **A** predetermined credit limit may be established, and may be changed at any time by FBW. **Any overdue balances may be sent to collections.**

Food Bank of Wyoming reserves the right to discontinue charging privileges for any member.

- **Must** have **one bank account**, complete with account number, street, address, city, state, zip, phone, and contact.
- **Credit References:** four credit references are needed. **Must have a minimum of two credit references that are either loans (not with above mentioned bank) or charge accounts that aren't utility companies.**
- **Signature: must be an officer or director of the 501(c)3**
- **Address: must include** city, state, zip, and phone should include fax/email if available.
- **Contact person** can be whomever we should contact in the event there is a problem with the account. Usually this is the bookkeeper or director.

**Wyoming Food Bank of Wyoming  
Charge Account Application**

*Agency Information:*

Agency number \_\_\_\_\_ Agency name \_\_\_\_\_  
Director (print) \_\_\_\_\_ Accounting contact (print) \_\_\_\_\_  
Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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*Bank information:*

Bank \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Checking: Yes No Acct no: \_\_\_\_\_ Savings: Yes No Acct no: \_\_\_\_\_

*Credit references (need four):*

Vendor \_\_\_\_\_ Vendor \_\_\_\_\_  
Account number \_\_\_\_\_ Account number \_\_\_\_\_  
Street address \_\_\_\_\_ Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Phone number \_\_\_\_\_

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Vendor \_\_\_\_\_ Vendor \_\_\_\_\_  
Account number \_\_\_\_\_ Account number \_\_\_\_\_  
Street address \_\_\_\_\_ Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number \_\_\_\_\_ Phone number \_\_\_\_\_

**I/we authorize Food Bank of Wyoming to conduct a credit inquiry and authorize the References listed above to release to Food Bank of Wyoming information related to my/our account.**

Authorized Representative-Agency  
Print Name \_\_\_\_\_  
Title \_\_\_\_\_  
**Signature** \_\_\_\_\_

*\*Incomplete forms will not be processed*



<b>**FBW use only for Approval**</b>
Credit limit _____
Approved by _____
Title _____
Date of approval: _____