



CREDIT APPLICATION

Business Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Cell/Pager #: _____

Type of Business: Corporation: _____ Partnership: _____ Sole Proprietorship: _____

Owners/Officers _____ Title _____

Payables Manager: _____

Federal ID #: _____ or Social Security #: _____

How Long in Business: _____ How Long At Present Location: _____ () Owned () Leased

Credit References:

Creditor: _____

Address: _____ City: _____ State: _____ Zip: _____

Creditor: _____

Address: _____ City: _____ State: _____ Zip: _____

Terms:

All invoices are due Net 30 days from the invoice date. Finance charges will accrue monthly on any past due balance at the rate of 1-1/2% per month (18% Annually). An account is considered past due if there is any unpaid balance older than 30 days.

I/We herein make this application to F & B Farms for credit. If credit is granted, we promise to pay all bills when rendered. In the event that payment is not made, and it becomes necessary for F & B Farms to obtain collection services or the services of an attorney to secure collection of this account, I/We will be responsible for all such collection fees, attorney fees, and court costs with all taking place in Marion County, Oregon.

If the applicant is a corporation, the undersigned is personally liable for the debts of said corporation owing F & B Farms.

Everything that is stated in this application is correct to the best of my knowledge.

Signed: _____ Date: _____

_____ *Office Use Only* _____

Terms: COD Deposit Net 30 Region: SeaN Sea Seatac Pen Spok Yak TriC
Credit Limit: _____ EOr Gorge NCoast NW/W N/SW Wa NE MID
SE SW S SO MidCst SoCst Central