

FRESH MUSHROOM FARM, INC.

PHONE: 636.464.0272

FAX: 636.464.3613



www.freshmushroomfarm.com

CREDIT APPLICATION

MAIL TO: PO Box 122, IMPERIAL, MO 63052

EMAIL: info@freshmushroomfarm.com

Actual Name _____ **Date** _____

Doing Business As _____

Address _____

City _____ State _____ Zip _____ **STATE TAX ID#** _____

Business Phone _____ Business Fax _____

Officers (1) _____ Home Phone _____

(2) _____ Home Phone _____

(3) _____ Home Phone _____

Bank Name _____ Account Number _____

Bank Address _____

City _____ State _____ Zip _____ Bank Phone _____

Corp Partnership Proprietorship LLC Yrs in Business _____

List Four Current Food Suppliers: **FEDERAL EIN #** _____

Name _____ Phone number _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone number _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

In the event our account is not paid according to the terms set forth by Fresh Mushroom Farm, Inc., we agree to pay a SERVICE CHARGE and/or a FINANCE CHARGE of 1 1/2% per month on the principal balance during the terms of the delinquency. If the account becomes delinquent and is placed in the hands of an attorney or other Fresh Mushroom Farm representative for collection or suit, we agree to pay reasonable attorney and collection fees. **TERMS ARE NET – 21 DAYS.** (Only written requests for variance in terms will receive consideration).

SIGNATURE _____ **Date** _____

Title _____ **Name (Printed)** _____

MANDATORY

COMPLETE BELOW FOR CREDIT &/OR CHECK WRITING PRIVILEGES

I personally guarantee all debts incurred while doing business with Fresh Mushroom Farm, Inc.

GUARANTOR

SIGNATURE _____ **Date** _____

an individual

CO-GUARANTOR

SIGNATURE _____ **Date** _____

an individual

Name Guarantor _____ Home Phone _____

Home Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Drivers License Number _____

Name Guarantor _____

Home Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Drivers License Number _____

Desired Credit Limit (\$): _____

