

**FRESH MUSHROOM FARM, INC.**

PHONE: 636.464.0272

FAX: 636.464.3613



[www.freshmushroomfarm.com](http://www.freshmushroomfarm.com)

**CREDIT APPLICATION**

MAIL TO: PO Box 122, IMPERIAL, MO 63052

EMAIL: [info@freshmushroomfarm.com](mailto: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 (\$): \_\_\_\_\_

