

Farm Fresh Rhode Island

1005 Main Street #8130, Pawtucket, RI 02860 — www.farmfreshri.org

Credit Application

Company Information:

Legal Business Name: _____

Doing Business As (DBA): _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Type of Business: _____ Year Opened: _____

Federal Tax ID# or Social Security # _____

Ownership (Please attach a separate sheet if more space is required):

1. Name _____ Title: _____

Home Address: _____

Phone: _____ Ownership % _____

2. Name _____ Title: _____

Home Address: _____

Phone: _____ Ownership % _____

3. Name _____ Title: _____

Home Address: _____

Phone: _____ Ownership % _____

Bank Reference:

Bank Name: _____ Account #: _____

Bank Address: _____

Contact Name: _____ Phone: _____

Terms:

Net 20: By ordering you attest your financial responsibility, ability and willingness to pay all invoices within 20 days of date of invoice or as otherwise agreed upon. We will add a 1.5% / month late fee on any balances one month past delivery.

There will be a \$25.00 fee for any returned checks.

Personal Guarantee:

The undersigned hereby agrees that should credit be extended, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs. The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Individual Signature: _____ Date: _____

First Name: _____ Middle Initial _____ Last Name _____

Social Security Number: _____ Phone: _____

Email: _____

Please fill out this form in its entirety and send back to Farm Fresh RI along with a check of \$25.00 for processing.