

520 Madigan Rd
PO Box 119
Schaghticoke, NY 12154
(518) 753-6911
(518) 909-8652 fax



Credit Application

Company Information:

Full Company Name _____ Years in Business _____ Tax ID# _____
D/B/A _____ # Employees _____ Est. Annual Sales \$ _____
Street Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
Telephone _____ E-Mail Address _____ Fax _____
Type of Business _____ Date Established _____
A/P Contact _____ Title _____ Phone _____ Email _____

Business Structure:

Corporation (State of Incorporation) Sole Proprietorship Partnership LLC
Subsidiary Branch / Division? Yes No
IF Yes: Name/Address of Parent _____
Former Business Name if less than 2 years _____
Do you use PO Numbers Yes No Does State/County/City require License? Yes No
IF Yes, License Number _____

Names of Officers:

President _____ Vice President _____
CFO _____ Controller _____

Information: For Proprietors; General Partner; Principal Shareholders or Member

Name I _____ Home Address _____
City _____ State _____ Zip _____ SS# _____
Name II _____ Home Address _____
City _____ State _____ Zip _____ SS# _____

Bank and Lender References:

Bank/Lender Name _____ Address _____

Phone _____ Contact _____ Line of Credit _____

Account # _____

Bank/Lender Name _____ Address _____

Phone _____ Contact _____ Line of Credit _____

Account # _____

Trade References: List Company Name, Address, Phone, Contact Person for Each

1 _____

2 _____

3 _____

4 _____

Credit Terms:

If the gross amount is paid within 30 days from the date of your next billing statement, no FINANCE CHARGE will be imposed on this amount. The FINANCE CHARGE will be applied to the unpaid balance; that is, the previous balance minus any credits or payments shown on the billing statement. The FINANCE CHARGE on the unpaid balance is at a rate of 1-1/2% per month. ANNUAL PERCENTAGE RATE OF 18% on the unpaid balance. There will be a minimum charge of \$.70 applied to all accounts with an unpaid balance less than \$50 but more than \$1.

General and Continuing Personal Guarantee:

The undersigned hereby guarantees Hoosac Valley Farmers' Supply, LLC the prompt payment, when due, of every claim of of Hoosac Valley Farmers' Supply which now exists or that may hereafter arise in favor of Hoosac Valley Farmers' Supply against _____.

This is a continuing guarantee and shall remain to be effective only as to claims of Hoosac Valley Farmers' Supply which arise out of transactions entered into after Hoosac Valley Farmers' Supply's receipt of such notice of revocation. This obligation shall cover renewal of any claims guaranteed by this instrument or extension of the time for payment thereof, and shall not be affected by any surrender or released by Hoosac Valley Farmers' Supply of any other security held by Hoosac Valley Farmers' Supply for any claim hereby guaranteed.

The Undersigned waives notice of acceptance hereof, notice of nonperformance or nonpayment by _____, notice of presentment, demand for payment or any and all further demands or any other notices.

In the event that guarantee is placed in the hands of an attorney for enforcement hereof, the undersigned promises and agrees to pay the reasonable attorney's fees incurred and if suit or action is filed hereon, also promises to pay reasonable attorney fees and costs.

The undersigned personally guarantees payment of all debts incurred by _____
to Hoosac Valley Farmers' Supply.

Dated this _____ day of _____, 20____

Signature

Print Name

Home Address

Phone

Signature

Signature

Print Name

Home Address

Phone

Signature