

CHIEF MOUNTAIN FARMS
116 Chief Mountain Lane
Port Deposit, MD 21904

PHONE: 443-350-3894
FAX: 410-658-7331
www.chiefmountainfarms.com

CREDIT APPLICATION

Name of Business: _____

Billing Address: _____ Shipping Address (if different from business): _____

Phone: _____ Fax: _____

Type of Ownership: ___ Sole Proprietorship ___ Partnership ___ Corporation

Type of Business: _____ Federal ID# _____

How long has business been established _____

Trade References (list 3 companies with whom you have established credit):

1. Name _____

Address _____

Phone No. _____

2. Name _____

Address _____

Phone No. _____

3. Name _____

Address _____

Phone No. _____

Bank Reference(s):

I hereby authorize Chief Mountain Farms to obtain personal and company-related account information from the following, as necessary in relation to my application:

Financial Institution

Address

Phone

Account Number(s)

Name on Account

Authorized Signature

Financial Institution

Address

Phone

Account Number(s)

Name on Account

Authorized Signature

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Authorization for Release of Information:

To: Credit References and Financial Institutions

You are hereby authorized to release information concerning my credit history with you to Chief Mountain Farms. You are further released from liability in connection with your response to this inquiry. A photocopy of this authorization will be effective as an original.

Printed Name of Applicant

Date of Application

SIGNATURE

Guarantee of Business Obligation:

I, _____, individually and as (Title) _____ of (Business Name) _____, do hereby guarantee the obligations, financial and otherwise, of (Business Name) _____. I further promise, individually and on behalf of (Business Name) _____, as follows:

All outstanding sums owed to Chief Mountain Farms will be paid in full, within thirty (30) days from date on invoice. No extensions of the payment period will be valid unless in writing signed by Chief Mountain Farms, its principles, agents or attorneys. We reserve the right to place any account on C.O.D. basis without notice.

A 1.5% per month interest rate (18% per year) will apply to all outstanding sums which are thirty (30) or more days overdue.

In the event of default under any of the terms of this guarantee, I, _____, individually and as (Title) _____ of (Name of Business) _____ promise to pay all reasonable collection costs, including, but not limited to, all court costs, private process server fees, post-judgement collection costs, and reasonable attorney fees. Said fees to be calculated at 15% of all sums then due and owing.

SIGNATURE: _____

Date: _____

Forum Selection Clause:

The parties agree that the exclusive venue for the resolution of any dispute arising from the provisions of this agreement, outlined above, shall lie with any court of competent jurisdiction in Cecil County, Maryland.

SIGNATURE: _____

Date: _____