



CREDIT ACCOUNT APPLICATION

14N850 ROUTE 20, HAMPSHIRE, IL. 60140
PHONE 847-515-3290; FAX 847-515-3407
Email: christinew@hampshirefarms.com

Company Name _____ Phone _____
Address _____ Fax _____

City _____ State _____ Zip code _____

Credit Amount Requesting: _____ **E-Mail Address:** _____

Business Type:

Sole Proprietor _____ Partnership _____ Corporation _____ Years In business: _____

Social Security/Federal Employer Identification: _____

***Wholesale sales only, please provide your Sales Tax Exemption Number:** _____ **State** _____

***Please forward copy of form CRT-61, Certificate of Resale.**

Company Officers: (List name, company title, phone number)

BANK REFERENCES

Account Number, Address, Contact, Title, Phone & Fax Number

CREDIT CARD INFO

Card Type _____ Card Number _____ Security Code _____ Exp. Date _____

TRADE REFERENCES (4 REQUIRED)

Company Name _____ Address _____ Phone & Fax _____

The above information is submitted for the purpose of establishing an open account, and I do hereby certify this information to be true. I authorize you to verify this information concerning my/our credit standing. In consideration of credit being extended, I/we acknowledge and agree to the following:

1. Payment is to be made within (30) days of receipt of materials.
2. A 1.5% per month service charge, or 18% annually, will be added on all amounts not paid in accordance with above terms, including the obligation to pay service charges on overdue amounts.
3. Credit privileges may be withdrawn at any time if payment terms are not adhered to.
4. The undersigned unconditionally & irrevocably guarantees payment of all obligations of above-named applicant to Hampshire Farms, LLC. when due, or at any time above-named applicant becomes the subject of bankruptcy or other insolvency proceeding, including obligations arising out of credit previously granted or that Hampshire Farms, LLC. may grant in the future.
5. Should Hampshire Farms, LLC. be required to commence action to collect any amounts owing, Buyer agrees to pay reasonable attorney fees, court costs, and interest of 18% annual rate.

_____ Authorized Signature

_____ Date

_____ Print Name & Title

NOTE: Processing of your credit application is dependant upon a timely response from each of your credit references. Average lead time is one week, but may increase to two weeks during peak shipping season.

OFFICE USE ONLY

Approved _____

Credit Limit _____

Today's Date _____

Approved Terms _____