

# Credit Application

## King Farm Inc.

15 Scales Lane  
Townsend, MA 01469-1011  
Tel: 978 597 2866  
Fax: 978 597 0262  
Email: office@kingfarminc.com  
Orders: office@kingfarminc.com  
Billing Questions: accounting@kingfarminc.com

### Type of Business

- Reseller (Retail Garden Center)  
 Landscape Company  
 Garden Club  
 Non-Profit/Municipal Organization (City/Town, Gov't, Private School)

Date: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

### Company:

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name on PO Box: \_\_\_\_\_ Fax: \_\_\_\_\_  
City/Town: \_\_\_\_\_ Website: \_\_\_\_\_  
State/Zip Code: \_\_\_\_\_

### Shipping Location:

Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City/Town: \_\_\_\_\_ email address: \_\_\_\_\_  
State/Zip Code \_\_\_\_\_

### Owner/Officer Information

Owner/Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/Town \_\_\_\_\_  
State/Zip Code: \_\_\_\_\_

### Billing Contact

Contact: \_\_\_\_\_  
email: \_\_\_\_\_

### Sales Tax Exemption

**Requesting Sales Tax Exemption** (circle one) YES NO

Please include copies of the applicable Sales Tax Exemption forms for your state  
Personal/Corporate Guarantee of Payment We (I) undersigned hereby acknowledge and assume personal responsibility for debts incurred under this account name. All terms and agreements set forth on King Farm Inc. Catalogs, sales receipts, packing slips, invoices and statements will govern all transactions between the parties. Outstanding balances are subject to monthly service charges of 1.5% interest. Customer agrees to pay all costs for collection and attorney fees in the amount of not less than 33.3% of the gross amount or \$225.00 an hour, whichever is greater. The undersigned hereby submits to the personal jurisdiction of Massachusetts and its governing laws and further agrees that any litigation brought must be in a Massachusetts State Court. I further agree that unless advised in writing, all representatives of my company will be authorized to purchase under this account name.

### Corporate/Company Guarantee:

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Personal Guarantee: \_\_\_\_\_ Print \_\_\_\_\_

**BUSINESS REFERENCE FORM**

**Please Fill Out and return with Credit Application**

**Business Reference Name**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Business Reference Name**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Business Reference Name**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

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