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** _____

Address _____ **Fax** _____

Business Reference Name

Name _____ **Phone** _____

Address _____ **Fax** _____

Business Reference Name

Name _____ **Phone** _____

Address _____ **Fax** _____