

DATA INFORMATION FORM

King Farm Inc.

15 Scales Lane
Townsend, MA 01469-1011
978 597 2866 Tel
978 597 0262 Fax
office@kingfarminc.com

Type of Business

- Reseller (Garden Center, Landscaper)
- Non-Profit/Municipal Organization (City/Town, Gov't, Private School)

Primary Business Activity: _____

Date: _____ Federal Tax ID# _____

Company: _____
 Billing Address: _____
 Name on PO Box: _____
 City/Town: _____
 State/Zip Code:: _____

Phone: _____
 Fax: _____
 Website: _____

Shipping Location:

Address _____
 City/Town: _____
 State/Zip Code _____

Owner/Officer Information

Owner/Officer: _____
 Phone: _____
 Home Address: _____
 City/Town _____
 State/Zip Code: _____

Title: _____
 Date of Birth: _____
 Cell Phone: _____
 email address: _____

Business Reference

Name _____
 Address _____

Phone: _____
 Fax: _____

Business Reference

Name _____
 Address _____

Phone: _____
 Fax: _____

Business Reference

Name _____
 Address _____

Phone _____
 Fax _____

Sales Tax Exemption

Requesting Sales Tax Exemption 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:

Personal Guarantee:

Company Name: _____
 Authorized Signature: _____

Signature: _____
 Print: _____