

Credit Application



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QUALITY MUSHROOM PRODUCTS
390 SWIFT AVE. #11, SOUTH SAN FRANCISCO, CA. 94080

Company Information

Legal Company Name: _____

DBA: _____

Contact person: _____

Billing / Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Accounts Payable Contact: _____ Phone: _____ FAX: _____

Choose one: Corporation Federal I.D.# : _____

Proprietorship

Partnership Contact e-mail: _____

If a corporation, state in which incorporated: _____

Nature/Type of Business: _____ Date Business Started: _____

Credit Limit Requested: \$ _____

Complete the following based on the authorized company contact (i.e. CEO, President, Owner, etc.):

Full Name: _____ Title: _____

Banking Reference Information

Bank Reference: _____ Acct # : _____

Billing / Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Trade Reference Information

Trade Reference 1: _____ Acct # : _____

Billing / Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Trade Reference 2: _____ Acct # : _____

Billing / Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Payment Terms

NET 30 DAYS unless otherwise agreed. Interest reimbursement may be charged on any invoices not paid within 30 days. Rate of reimbursement is 1% per month or 12% per annum for any month or partial month's extension. I/We authorize you to verify this information and/or obtain additional information by securing data from a credit reporting agency. Credit availability and/or termination will be at the discretion of Far West Fungi I/We further agree to pay any costs of collection, in the event of default, if the account is placed with an attorney or bonded collection agency.

Filling out the fields below attest financial responsibility, ability, and willingness to pay our invoices in accordance with terms:

(NOTE: If a partnership, all partners must sign. If a corporation, an authorized corporate officer must sign.)

SIGNED _____
Authorized Signature Print Name Date

Authorized Signature Print Name Date