



PO BOX 1729 • PALATINE, IL • 60078 PHONE: 847-654-0800 • FAX: 847-485-2465

APPLICATION FOR CREDIT

BUSINESS CONTACT INFORMATION

Title:

Company name/Contact:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Resale #:

Fed ID/S.S.#:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

BUSINESS/TRADE REFERENCES

Company name/Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name/Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name/Contact:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

AGREEMENT

1. All invoices are to be paid C.O.D. without Credit Application or 30 days from the date of the invoice, (depending on credit check)
2. First time orders above \$2,500.00 or any order over \$7,000.00; ½ due at time of delivery.
3. Service charge of 2% per month on all overdue accounts C.O.D. on all accounts 45 days past due
4. By submitting this application, you authorize Garden Prairie Organics, LLC. (GPO) to make inquiries into the banking and business/trade references that you have supplied.
5. I as principal/owner/agent of Applicant do hereby personally guarantee to GPO the due and prompt payment of all amounts due to GPO, including in the event of default, the payment of all reasonable costs of collection, including agency, attorney's fee's and court costs incurred and permitted by law in the state of Illinois.

SIGNATURES

Title:
Date:

Title:
Date: