Credit Application- North Carolina Farms, Inc

4205 Forest Drive · Indian Trail, NC 28079 · www.ncfarmsinc.com · phone: 800.436.6248 · fax: 704.289.6312

**After you have finished this form, print it out, sign, and fax it to 704.289.6312 or mail it to the address above.*

Your Company Info:

Business Name: _____

Address: _____

City / State / Zip: _____

Telephone: _____

E-mail Address: _____

Federal Tax ID#: _____

Other Info:

Type of Business: _____

Date Established: _____

Number of Employees: _____

Line of Credit Requested: $ _____

Present Balance: $ _____

Estimated Annual Sales: $ _____

Does state, county, or city require a license? ◯ Yes ◯ No If yes: License #: _____

Ownership:

◯ Sole Owner ◯ Partnership ◯ Corporation

Principal: _____ (*Full Name*) _____ (*Title*)

Principal: _____ (*Full Name*) _____ (*Title*)

Principal: _____ (*Full Name*) _____ (*Title*)

Principal: _____ (*Full Name*) _____ (*Title*)

Trade References:

(Name of suppliers of major products and services.)

_____ (*Company Name*) _____ (*Phone Number*)

_____ (*Company Name*) _____ (*Phone Number*)

_____ (*Company Name*) _____ (*Phone Number*)

_____ (*Company Name*) _____ (*Phone Number*)

Bank References:

			Checking	Savings
_____ Bank Name	_____ Account #	_____ Contact Person	◯	◯
_____ Bank Name	_____ Account #	_____ Contact Person	◯	◯

Has the firm or any of its principals ever been bankrupt? If yes, explain in the comments section below.

◯ Yes ◯ No

Additional Comments:

As an inducement to grant credit, the above named warrants that the information submitted is true and correct. I hereby give North Carolina Farms, Inc authorization to investigate the credit references listed. I give my personal guarantee to make payment, when due, of all my accounts with North Carolina Farms, Inc. Accounts that have to be placed with an attorney for collection will be subject to the laws of the state of North Carolina. Court jurisdiction shall be in Union County, NC.

Completed By: _____ *Signature:* _____ *Date:* _____