

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: _____

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Trade Reference 2: _____ **Acct # :** _____
Billing / Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ FAX: _____

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Payment Terms

PLEASE CONTACT US AS SOON AS POSSIBLE WITH CREDIT CARD INFORMATION

NET 10-30 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