

## **Welcome to CNY Ranch Supply and Feed,**

We take this opportunity to first thank you for your kind consideration and interest in our company, CNY Ranch Supply and Feed. Through this letter, we would like to extend a warm welcome to you as a new client of our company, which is committed to providing excellence and superior professionalism to its customers.

Extending a warm note of welcome, we would like to share a list of valued resources we carry here at CNY Ranch. If you have any questions, please feel free to call #315-564-3183 or email [sales@cnyranchsupplyandfeed.com](mailto:sales@cnyranchsupplyandfeed.com)

### Hours of operation:

Winter Hours	Summer Hours
November-February	March-October
Monday-Friday 8am-5pm	Monday-Friday 8am-6pm
Saturday 8am-2pm	Saturday 8am-2pm
Sundays Closed	Sunday 8am-2pm

STIHL, Exmark , Cub Cadet, DeWalt, Massimo, True Value, Tribute Feeds, Blue Seal Feeds, Pine Creek Feeds & so many more!

Again, thank you and we look forward to working with you for many years to come!

# Business & Farm Membership Program

**Starting members 1.5% off every purchase**

**Members that spend \$2,000.00-\$4,000.00 each year. 2% off every purchase**

**Members that spend \$5,000.00 and over each year. 5% off every purchase**

**You may pay during purchases or apply for 30-day terms.**

Membership agreements may be changed, altered, or discontinued at any time without notice. Membership programs may not be used with any coupon – double membership program & gift cards. Only charges that are not paid by the Due Date shown on your statement will be included in determining the daily past due balances subject to Finance Charges. These charges will incur a Finance Charge from the Due Date shown on your billing statement. No Finance Charge is imposed if the Account Balance shown on your previous billing statement is zero or if the Account Balance is paid in full by the Due Date. If you have an overdue account balance, your account will be held inactive until the balance due is cleared. Three offenses of your account being held inactive will be subject to account inactivation for at least 1 year. Not included in membership agreements: Delivery Fees, late payment fees, on sale items, wood pellet deliveries & equipment over \$4,000.00 unless approved by a supervisor.

CNY Ranch Sign: *Ashley Fox, Owner*

Customer Sign: \_\_\_\_\_

Company CNY Ranch ID # \_\_\_\_\_

CNY Ranch Supply and Feed

8283 State Route 104, Oswego NY 13126 #315-564-3183

# NEW CUSTOMER FORM

*CNY Ranch Supply and Feed*  
8283 State Route 104, Oswego NY 13126  
#315-564-3183 sales@cnyranchsupplyandfeed.com

Office Use Only
Date: _____
Account# _____ Terms _____ Sales _____
Route# _____ Comm _____ Res _____

## PART 1

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Unit/Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

(If different than above/ No Residential addresses please)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_

Authorized Buyers: \_\_\_\_\_

Authorized Will Call Employees: \_\_\_\_\_

Referred By / Salesman: \_\_\_\_\_

**Please Circle what payment method you prefer to use:**

Visa / MasterCard / American Express/ Charge / Cash or Company Check

**If you are applying for terms with an open line of credit or would like to pay with a company check, please check the appropriate box and fill part 2 and part 3 of this form in full.**

## PART 2

Company is a: Corporation  Partnership  Sole Proprietorship

Owner / Partner's Name (s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License or Corp ID Number: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_

**If you are applying for terms with an open line of credit or would like to pay with a company check, please fill part 3 of this form in full.**

**PART 3**

Bank Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_

Business  Personal

The company hereby authorizes its bank to release credit information to authorized personnel of CNY Event Solutions LLC only.

Signature: \_\_\_\_\_

**Vendor References**

1. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Past due accounts are subject to a late charge of 1 ½% per month retroactive to the original invoice date.

All checks that are returned will be subject to a service charge of \$20.00 or 5% of the check amount, whichever is greater. Should legal action be instituted to enforce payment of any outstanding balance, because of credit so provided to "Buyer", CNY Event Solutions LLC may pull a credit report on the company as well as the owner/buyer. By signing, the buyer is in full agreement.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

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*CNY Ranch Supply and Feed*  
*8283 State Route 104, Oswego NY 13126*  
*315-564-3183 phone cnyranchsupply@outlook.com*

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I authorize CNY Event Solutions, LLC to charge my credit account.

\*\* 3% Convenience Fee will be added to your total\*\* If total exceeds \$150.00

Customers Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

(Address bill is sent to) \_\_\_\_\_, \_\_\_\_\_ zip \_\_\_\_\_

Circle one: Visa          Master card          American Express

Card Holders Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_

Security Code: \_\_\_\_\_ (3 or 4 dig. On back of card)

Card Holders Signature: \_\_\_\_\_

Amount Authorized: **Monthly balance due** \*\*plus 3% Credit Card Fee\*\*

**Please circle what day you would like your balance ran on your card.**

**1<sup>st</sup> of the month**

**15<sup>th</sup> of the month**

Card Holders Signature: \_\_\_\_\_

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**To Our Customers In compliance with tax exemptions, we  
need your Tax-Exempt Form.**

**Questions:**

**Would you like us to request a PO # on your account?**

**Yes or No**

**Would you like monthly statements set to you?**

**Email Mail Don't Need**

**Would you like bill statements set via:**

**Email Mail Text Message or all the above**

**Would you like a call before this account gets used by your staff?**

**Yes or No**

**Would you like a call before we run your card for payment?**

**1 Day before 2 Days before 1 Week before**

**When an employee from your company purchases something should we?**

**Send them with a full paper receipt.**

**Send them with normal sale receipt.**

**Email the receipt.**

**Mail the receipt.**

**Special request: \_\_\_\_\_**