

How did you hear of Johnson Farms?

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# JOHNSON FARMS



DEERFIELD, NEW JERSEY

856-358-1123 / FAX 856-358-1319

PLEASE WRITE LEGIBLY

AMOUNT OF CREDIT  
REQUESTED

\$

## **CREDIT APPLICATION**

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Business Name Phone # Fax #

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Mailing Street Address City State Zip Code

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Shipping Street Address (NO PO BOXES) City State Zip Code

**NAME OF OFFICERS/OWNERS: (ADDITIONAL SHEETS MAY BE ADDED TO END OF APPLICATION)**

1 )

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Name (Title) SS # DL #

---

Street Address City State Zip Code

---

Home Phone # Cell Phone #

2 )

---

Name (Title) SS # DL #

---

Street Address City State Zip Code

---

Home Phone # Cell Phone #

3 )

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Name (Title) SS # DL #

---

Street Address City State Zip Code

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Home Phone # Cell Phone #

**AUTHORIZED SIGNERS ON ACCOUNT ARE:**

1. \_\_\_\_\_  
Name Title Business Phone Cell Phone

2. \_\_\_\_\_  
Name Title Business Phone Cell Phone

**BANK REFERENCES**

1 ) \_\_\_\_\_  
Bank Name Bank Contact Check/Sav/Mort Acct #

Street Address City State Zip Code Fax #

2 ) \_\_\_\_\_  
Bank Name Bank Contact Check/Sav/Mort Acct #

Street Address City State Zip Code Fax #

**(4) - TRADE REFERENCES**

Please list (4) trade references with whom you currently buy from on an open account (net30days). These accounts must be Nurseries, Sod Growers, Hard-Goods Distributors, or similar Trade References Only.

1 ) \_\_\_\_\_  
Company Name Contact

Street Address City State Zip Code

Phone # Fax # Account #

2 ) \_\_\_\_\_  
Company Name Contact

Street Address City State Zip Code

Phone # Fax # Account #

3 ) \_\_\_\_\_  
Company Name Contact

Street Address City State Zip Code

Phone # Fax # Account #

4 ) \_\_\_\_\_  
Company Name Contact

Street Address City State Zip Code

Phone # Fax # Account #

Form of Company Ownership (Circle One)    Individual                      Partnership                      Corporation                      LLC

How Long in Business \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Business Tax Identification # or Individual SS #: \_\_\_\_\_

Accounts Payable Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Are your purchases taxable?     YES     NO    Tax Exempt # \_\_\_\_\_  
(Please attach a copy of your tax exempt certificate.)

Have you ever declared Bankruptcy before?     Yes     No

Do you have judgments?     Yes  No    Under what name? \_\_\_\_\_

\*\*\*\*Please complete, sign and return this authorization to Johnson Farms, Inc with your credit application. \*\*\*\*

**\*\*CREDIT RELEASE OF AUTHORIZATION\*\***

Upon request of Johnson Farms, Inc., I hereby authorize you (my bank or trade reference) to supply information to Johnson Farms, Inc. regarding any transaction with you, including information regarding credit extended, and activity with my account without liability on your part.

Sincerely,

Business Name	Street,	City,	State,	Zip
Signature Individual (Must be corporate Officer)	Date	Print Name	Title	

MINI MIRANDA WARNING

“THE CREDIT INFORMATION CONTAINED IN THE APPLICATION IS AN ATTEMPT TO COLLECT ANY OUTSTANDING DEBTS, AND ANY INFORMATION WILL BE USED FOR THAT PURPOSE AND KEPT CONFIDENTIAL.”

**Payment terms and guaranty:** This application for credit is made for the benefit of myself and/or a corporation. By signing this agreement, I/(We) agree to pay invoices rendered in the name of the undersigned, within thirty days of purchase. I also agree that an interest charge 1.5% per month; 18% annum, will be assessed to my account for balances unpaid within set terms. In the event that any balances are not paid within set terms and subsequently placed for collection, I agree to be liable for all cost of collections and reasonable attorney's fees. All sales are due and payable in the Township of UPPER DEERFIELD, CUMBERLAND County, New Jersey.

\_\_\_\_\_  
**Signature-Individual** \_\_\_\_\_  
**Print Name** **Date**

\_\_\_\_\_  
**Signature-Corporation** \_\_\_\_\_  
**Print Name, Title** **Date**

**PERSONAL GUARANTY :** MUST BE SIGNED FOR CREDIT CONSIDERATION

\_\_\_\_\_  
**Signature – Individual** **Print Name** **Date**

**IF A PARTNERSHIP, BOTH PARTNERS MUST SIGN BELOW:**

\_\_\_\_\_  
**Officer of Corporation** **Print Name** **Date**

\_\_\_\_\_  
**Officer of Corporation** **Print Name** **Date**

**OFFICE USE ONLY:**

**APPROVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**AMOUNT OF CREDIT AUTHORIZED \$** \_\_\_\_\_

\_\_\_ SL \_\_\_ BB \_\_\_ TJ \_\_\_ TL \_\_\_ HS \_\_\_ IJ \_\_\_ TM \_\_\_ KM