## WaterField Farms, LLC

A division of BioAgriCultural Enterprises, LLC 93 Peck Road, Bethany CT 06524 - Phone 203-393-1383 - Fax 866-216-0213 info@wffarms.com - www.wffarms.com

## **Confidential Credit Application Form**

		Firm Informati	on		
Name			<del></del>	Year Established	
Billing Address					
			Fir	rm is a Single Proprietorship	
Shipping Address				☐ Partnership☐ Corporation	
Shipping Address				Limited Liability Corp.	
Phone Number	Fax Number	Email	Ov	vner's Name	
Name of Bookkeeper		Accounts Payal	ole		
Name of Bookkeeper					
Phone Number	Fax Nur	Fax Number		Email	
Thone Tvamoer	T WA T VOI	Tux rvainoer			
	Tra	de and Bank Ref	erences		
Name of Bank		Address/ Phone/ Fax		Account Number	
Name of Supplier	Address	Address		Phone/ Fax/ Contact	
Name of Supplier	Address	Address		Phone/ Fax/ Contact	
**					
Name of Supplier	Address	Address		Phone/ Fax/ Contact	
			20.1.0		
				n the date of invoice at the rate of 1.5% per ollection. We anticipate a credit	
				l statement(s) at any time you request. If	
-				bility to pay outstanding debts, we agree to	
	Ve also authorize you to co	ontact our reference	es and to obta	in any further credit information you may	
deem appropriate.					
Authorized Signature		Title		Date	
		Personal Guaran			
The undersigned in consid				ield in its sole discretion may from time to	
				y affirms that all of the above information	
s true, correct and comple	te. I personally guarantee	full and prompt pa	yment of any	monies to become due from the applicant,	
ogether with all costs of co	ollection. I hereby waive i	notice of default or	non-navmen	t and consent to any modifications of the	

with all costs of collection. I hereby waive notice of default or non-payment and consent to any modifications of the terms or amounts of credit. I understand that any modifications of my personal guarantee will not be effective unless and until you receive written notice, and it will not affect amounts incurred by applicant before that notice.

Authorized Signature Title	Date
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