



## Customer Information / Credit Application

Business Name: \_\_\_\_\_

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

Type of Business: Corporation ( ) Partnership ( ) Individual ( ) LLC ( )

Classification of Business: Garden Center ( ) Nursery ( ) Landscape Contr. ( ) Wholesaler ( ) Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Location (if different): \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner/ Manager: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Buyer/Contact: \_\_\_\_\_ Cellular #: \_\_\_\_\_ Beeper #: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ E- Mail Address: \_\_\_\_\_

Year in Business: \_\_\_\_\_ FED ID #: \_\_\_\_\_

**Trade References:** Please take the time to thoroughly complete all requested information. This will insure that your application will be processed without delay.

### Reference # 1

Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Fax #: \_\_\_\_\_

### Reference # 2

Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Fax #: \_\_\_\_\_

### Reference # 3

Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Fax #: \_\_\_\_\_

### Landlord (if Location is rented)

Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_  
Fax #: \_\_\_\_\_

### Bank Information

Bank \_\_\_\_\_ Phone # \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Account # \_\_\_\_\_ Fax # \_\_\_\_\_

### Sales Tax Status

Are you sales tax exempt? YES ( ) NO ( )

\* If you are tax exempt, a certificate must accompany this application.



### Requested Credit/ Terms

Amount of Credit Needed/ Desired (specify range) :\$ \_\_\_\_\_ Terms Needed/ Desired: COD ( ) Net 10 ( ) Net 30 ( ) Other: \_\_\_\_\_

\*Financial Statements may be required based upon desired credit.

Max. Monthly Purchases :\$ \_\_\_\_\_

Have you ever applied to MB Bark, LLC for credit under any other names within the past 24 months. YES( ) NO ( )

Pending Lawsuits Against Company: \_\_\_\_\_

Should it become necessary to collect this account by legal proceeding or otherwise, the undersigned, including endorser's, promise to pay all costs of collections including a reasonable attorney's fees.

We herein make an application to MB Bark, LLC. If credit is granted, we promise to pay all bills when rendered. Past due accounts are subject to services charges of 1 1/2 % per month (18 % per annum) or \$5 per month, which is ever is greater will be charged on past due balance. In the event payment is not made and this account is referred for collections, we will pay costs of collections equal to a minimum amount of twenty five percent of the principal amount. Also, we understand interest on any unpaid balance will be charged at the highest rate authorized by law. If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. It is specifically understood that in the event of suit or action, same shall take place in Androscoggin County, Maine at the option of MB Bark, LLC. Customer understands that they are waiving their right to litigate outside Androscoggin County, Maine. Applicant/s give their permission to MB Bark, LLC and/or its agents to verify and or supplement the information stated herein. We have read and agree to the terms and conditions, which are part hereof, and we certify that the information supplied is true and correct to the best of our knowledge. The undersigned agrees to unconditionally guarantee payment of all sums owed pursuant to this agreement and further agrees to its terms regarding venue. This is intended to be and is a continuing personal guarantee and shall not be revoked except by written notice to creditor.

Please note a returned check charge of \$25 on first return and \$50 on second return. Two returned checks will require payment by certified funds.

SIGNED by **officer or principal only:** \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

### The following information is required for the majority owners:

Owner #1:

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

Home Address (no PO boxes): \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner #2:

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

Home Address (no PO boxes): \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**THANK-YOU !!!**