

**BROOKDALE FRUIT FARM INC.**  
**PO BOX 389, 38 BROAD STREET**  
**HOLLIS, NH 03049**  
**603-465-2241 FAX 603-465-3754**  
**EMAIL: BFFOFFICE @AOL.COM**

**CREDIT APPLICATION**

COMPLETE THE APPROPRIATE SECTIONS

Company or Sole Proprietor Name: \_\_\_\_\_

DBA Name, if different: \_\_\_\_\_

Physical Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street City or Town State Zip

Mailing Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street City or Town State Zip

How long at current address? \_\_\_\_\_ Credit Amount Requesting : \_\_\_\_\_

Date business commenced: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Type of Organization: Please check one: Sole Proprietorship \_\_\_ General Partnership \_\_\_  
Corporation \_\_\_ Limited Partnership \_\_\_ LLC \_\_\_ Other \_\_\_\_\_

If corporation: Name of President \_\_\_\_\_

Name of Treasurer \_\_\_\_\_

If partnership or LLC: Name of Managing Partner or Member \_\_\_\_\_

If Other: Name of Senior Manager \_\_\_\_\_

Contact person: \_\_\_\_\_ E-mail \_\_\_\_\_

**OWNERSHIP**

Principal shareholders, partners or LLC members with ownership interests of 20% or more:  
Include name, complete home address and title, if any:

Name \_\_\_\_\_

Address \_\_\_\_\_

Title if any \_\_\_\_\_ Percent ownership \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Title if any \_\_\_\_\_ Percent ownership \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Title if any \_\_\_\_\_ Percent ownership \_\_\_\_\_

(Use additional sheet if necessary)

We reserve the right to ask for additional owner information.

### **BANKING INFORMATION**

Name of Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_

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

Checking Acct #: \_\_\_\_\_

Savings Acct #: \_\_\_\_\_

### **BUSINESS AND TRADE REFERENCES 3 REQUIRED**

#1

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#2

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

#3

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**TERMS AND CONDITIONS AND AGREEMENT**

The undersigned, on behalf of the company and themselves, agree and acknowledge as follows:

1. All invoices shall be paid 30 days from the date of the invoice.
2. If an invoice is not paid when due, a finance charge of one and one-half percent (3%) per month on the outstanding balance will be assessed. If an invoice is not paid, you agree to pay the costs of collection, including reasonable attorney's fees.
3. We reserve the right to put on hold future orders if any account remains past due for more than 30 days.
4. By submitting this application, you authorize Brookdale Fruit Farm, Inc., to request information from the banking and business or trade references you have supplied and to request credit information from credit reporting agencies.

Dated: \_\_\_\_\_

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

By: \_\_\_\_\_

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

**PERSONAL GUARANTY**

The undersigned personally and unconditionally guaranty the payment of all amounts due pursuant to any invoice issued to the Company applying for credit herein upon demand and without requiring Brookdale Fruit Farm, Inc., to first proceed against the Company or any other person or entity liable for payment of any invoice. In addition, Brookdale is authorized to obtain a personal credit report of Guarantor for purposes of deciding to extend credit to the Company.

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

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

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Signature

Signature