

Please mail or scan and email this form to the contact information below:

# MUSHROOMS ALL YEAR



P.O. Box 947 | Phoenix, OR 97535 | Phone: 541-535-6562 | Cell: 541-973-6595 | ljeandin@charter.net

## Credit Application

Company applying for credit: \_\_\_\_\_

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

Telephone number(s): \_\_\_\_\_

How long in business ? \_\_\_\_\_ Federal ID# \_\_\_\_\_

Ownership: Corporation [ ] Partnership [ ] Individual [ ]

Owner or Manager: \_\_\_\_\_

Person in charge of paying vendor accts: \_\_\_\_\_

Bank reference: \_\_\_\_\_  
Name Address  
Phone Contact

Business References--Two companies with which you do business including:

Company name, address, phone & fax number and contact.

We Do Not accept U.S. Food Service or Sysco as a reference.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

## AGREEMENT

I agree to make all payments properly due to Mushrooms All Year within the terms and conditions that may be mutually agreed upon between Mushrooms All Year and the above named applicant for credit. I understand that these terms and conditions may change from time to time and that, in general, they will be on a NET 21 DAYS basis.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date