



### High Mowing Organic Seeds Credit Application

**THIS APPLICATION MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED! PLEASE ENSURE YOU HAVE FILLED IN EACH LINE!**

**Please note: It can take up to two weeks to process this information**

**FAX to 802-318-4308 or email to seedracks@highmowingseeds.com**

**SALESPERSON:** \_\_\_\_\_

**Are you a:** (Please check box below)

<input type="checkbox"/> Commercial Grower/Catalog Customer
<input type="checkbox"/> Seed Rack Retailer/Seed Wholesaler

If you are one of the following, please fill out the first page only.
<input type="checkbox"/> Educational Institution
<input type="checkbox"/> Municipality/Nonprofit

#### Business Details:

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

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

Mailing Address (if different):  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

Type of Business:

- Corporation    LLC
- Partnership    Proprietorship

Do you wish to receive invoices via:

- Email    USPS    Fax

Example of Products Sold: \_\_\_\_\_

Example of Products Sold: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_

A/P Phone Number: \_\_\_\_\_

A/P Email: \_\_\_\_\_

Annual Sales: \_\_\_\_\_

Requested Credit Limit: \_\_\_\_\_

Anticipated Annual Purchases: \_\_\_\_\_

Names of Authorized Purchasers:  
\_\_\_\_\_

#### Educational Institutions /Non profits please provide a W-9 for tax exempt status.

If the application for credit is accepted, the applicant agrees that full settlement of the account will be made within 30 days of shipment. If any balance remains unpaid after 30 days, a late fee of \$15/month and a finance charge of 1.5% on the balance per month will be applied to the account. By signing below, you hereby provide personal guarantee of payment. (Does not apply to Educational Institutions/ Municipalities/ Non-Profits because terms are DUE UPON RECEIPT only.)

Terms of Sale, including terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. The customer hereby agrees to pay all costs of collection or legal fees should such action be necessary due to non-payment. The above information is willingly supplied and High Mowing Organic Seeds is authorized to contact the above bank and vendor references in order to establish the creditworthiness of the above named company. If the applicant is not a corporation, High Mowing Organic Seeds is authorized to obtain credit reports on the proprietors, partners, or principals. Should a credit availability be granted by High Mowing Organic Seeds, all decisions with the respect to the extension or continuation shall be the sole discretion of High Mowing Organic Seeds. High Mowing Organic Seeds may terminate any credit availability within its sole discretion.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Vendor References:**

*Please include at least three and up to six vendor references that you currently hold terms with. The more references listed, the better the chance of a quick response.*

*\*You must include a fax number for each vendor listed so they can be faxed a vendor reference form.*

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

Account Number: \_\_\_\_\_

Terms (e.g. N30, N60): \_\_\_\_\_

Credit Limit: \_\_\_\_\_

\*Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Terms (e.g. N30, N60): \_\_\_\_\_

Credit Limit: \_\_\_\_\_

\*Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Terms (e.g. N30, N60): \_\_\_\_\_

Credit Limit: \_\_\_\_\_

\*Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Terms (e.g. N30, N60): \_\_\_\_\_

Credit Limit: \_\_\_\_\_

\*Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Terms (e.g. N30, N60): \_\_\_\_\_

Credit Limit: \_\_\_\_\_

\*Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Terms (e.g. N30, N60): \_\_\_\_\_

Credit Limit: \_\_\_\_\_

\*Fax Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Banking Details:**

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

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

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

Branch Phone Number: \_\_\_\_\_

**Please fax to the attention of Seedracks at 802-318-4308  
or email to [seedracks@highmowingseeds.com](mailto:seedracks@highmowingseeds.com)**