

FOSS FARMS WHOLESALE APPLICATION

BUSINESS PROFILE

Business Name:

Shipping address:

City:

State:

ZIP Code:

Billing address (if different):

City:

State:

ZIP Code:

- Year round
 Seasonal

ACCOUNTS PAYABLE INFORMATION

Contact Person:

Phone:

Email Address:

Credit Card #

Expiration Date:

CREDIT TERMS - Your Credit Card will be charged once the jars of sauce are delivered. All new and/or seasonal customers are required to pay by credit card prior to the jars being delivered.

Please Initial: _____

ACH PAYMENT

Account Type: Checking / Saving

Name on Account:

Bank Name:

Bank Routing #

Bank Account #

Terms and Conditions: I understand and agree that any and all changes in my account information, including requests to terminate this agreement, must be in writing and be delivered to company, at the above address, at least 21 days prior to the next due date. If the payment due date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF), submission error, or other bank related return reasons I understand and agree that the company may at its discretion resubmit the ACH debit transaction within thirty (30) days. I understand and agree that, in accordance with the loan documents, a 10% late charge will be assessed if the amount due is not received in good and collected funds by the end of the grace period. I also understand and agree that a return item charge may be assessed for each returned ACH debit.

ORDERING INFORMATION

Who will be placing the Foss Farms order?

Best Contact Phone:

Best Contact Email:

Signed:

Date

Printed Name: