



# Northland Farms, L.L.C.

11161 120<sup>th</sup> Avenue  
West Olive, Michigan 49460

Phone: 800-253-1812 Fax: 616-846-5228

*Quality Plants—Quality Service*

## CREDIT APPLICATION

Firm Name \_\_\_\_\_  
Bill to Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Ship to Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**Check One:**

- Corporation – Officers \_\_\_\_\_ Years in business at this location \_\_\_\_\_
- Partnership – Partners \_\_\_\_\_ Annual Sales \_\_\_\_\_
- Proprietorship: \_\_\_\_\_ Sales Tax: Yes or No
- L.L.C. – Principals \_\_\_\_\_

Bank \_\_\_\_\_ Account No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Contact \_\_\_\_\_

**References: (please furnish complete information)**

Firm Name	State	Fax No.
1) _____		
2) _____		
3) _____		

**Note: All information submitted is held in strictest confidence: sole use to qualify applicant and determine line of credit. For your protection as well as ours, your signature as applicant is required, (sign line 2 below). Corporation officers, partners, proprietors, and principals herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm, (sign line 1 below).**

Line 1. Dated \_\_\_\_\_ Name \_\_\_\_\_

**CREDIT TERMS:**

Applicant hereby agrees to pay service charge of 1 1/2% per month or the maximum allowed by law in your state, on all overdue accounts. In the event that it becomes necessary for Northland Farms, LLC to file suit, it may be brought into Ottawa County, Michigan at seller's option. The seller shall be entitled to court costs, attorney's fees, and interest at the rate of 10% on all accounts found to be due and payable.

**AGREEMENT:**

I hereby certify the foregoing to be true to the best of my knowledge and agree to abide by the terms set forth herein.

Line 2. Dated \_\_\_\_\_ Name \_\_\_\_\_

Signature of Applicant