PARKDALE FARM SUPPLY, LLC

CHARGE ACCOUNT APPLICATION

CONTACT INFORMATION		
Company Name:		
Owner's Name:	DBA:	
Mailing Address:		
City:	State:	Zip Code:
Phone Number:	Fax Nu	mber:
If mailing address is out of local area do you own property in Hood River County?		
If you answered yes, ple		•
Primary Business Address:		
City:		
Phone Number:		
Sole Proprietorship:Partnership:	Corporation:	Individual:Other:
CREDIT INFORMATION		
Bank Name:		
Bank Address:		
City:	State:	Zip Code:
Type of Account: Checking: Saving	gs: Other:	Federal ID / SSN:
TRADE REFERENCE		
Company Name:		
City:	State:	Zip Code:
Phone Number:		
Type of Account:		
AGREEMENT		
I/we understand and acknowledge that unless and until the Charge Account Application is signed by me/us and approved by Parkdale Farm Supply, LLC terms are COD. In consideration of Parkdale Farm Supply, LLC extending credit, I/we agree to the following terms: 1 • Account shall be paid in full by the twentieth (20th) day of the month following purchase(s); 2 • Any account not paid in accordance with paragraph (1) shall accrue interest at the rate of 18% per annum, calculated from the date of purchase to the date of payment; 3 • We are not liable for charges incurred by your employees/family members or any others persons known to you. 4 • Should the account not be paid in full, including all accrued interest, Parkdale Farm Supply, LLC shall be entitled to recover all reasonable costs of collecting the account, including any and all lien fees, collection costs, litigation costs, and reasonable attorney's fees.		
Signature:	Title:_	Date:
Signature: Title: Date: If this application is filed on behalf of a corporation, LLC, or similar business entity, the undersigned hereby personally guarantees the payment of the account on the terms set forth above.		

Signature:_____ Title:_____ Date:____