



# This Old Farm Inc. New Business/Credit Application (Farm Business/Wholesale)

9572 W Co Rd 650 S, Colfax, IN 46035 765-324-2161  
www.thisoldfarm.com

Revised Date:  
January 27, 2017  
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FORM-OFF-18

Whereas, Customer desires to obtain credit terms more favorable than payable upon delivery, Customer hereby agrees to the following terms and conditions. **If not seeking terms other than payable on delivery or if you choose to let us hold a credit card number on file then feel free to stop prior to the financial information section.**

## Credit Policies

The Purchase Agreement is hereby incorporated as if specifically stated herein. Customer, and the individuals and persons undersigned hereby consent to a credit check with the credit reporting agencies and to other means as may be used by This Old Farm Inc. If a credit review is favorable, or Customer has established good payment practices, Customer may receive notice of new credit terms as This Old Farm may determine at its sole discretion. The account may revert back to payable upon delivery or other terms upon written notice by the This Old Farm, as This Old Farm may determine from time to time in its sole discretion. All terms and conditions shall be governed by the Laws of Indiana.

## Account Application

Instructions: Please print or type. The party signing must be an officer, partner, or owner in the organization.

## Business Information

Business Name \_\_\_\_\_  
Delivery Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
Special Delivery  
Requests: \_\_\_\_\_

## Legal/Billing Entity

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Person Preparing Bill for Payment (Exact Name) \_\_\_\_\_  
Phone Number for Billing Contact (\_\_\_\_) \_\_\_\_\_  
Accounts Payable EMAIL \_\_\_\_\_

## Owner Information

Date opened for Business (Month and Year) \_\_\_\_\_  
Date Current Owners Assumed Business (Month and Year) \_\_\_\_\_

Business is a (check only that which applies):

\_\_\_\_\_ Corporation (List Officers Names and Titles)

\_\_\_\_\_ General Partnership (List all partners)

\_\_\_\_\_ Limited Partnership (List all partners)

\_\_\_\_\_ Proprietorship (List owner's Name)

\_\_\_\_\_ Other (Describe) \_\_\_\_\_

## Owner Information Continued

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

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

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

Cell Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Have you or any principals participated in either a corporate or personal bankruptcy in the last ten years?

\_\_\_\_\_ YES \_\_\_\_\_ NO (If yes, please explain on separate sheet.)

## Financial Information

**The following sections are needed only if credit terms are desired.** If credit card is on file or you will pay before shipping than cross through the financial information and sign the back page. Thank you!

### Account #1 (Checking)

Name of Bank \_\_\_\_\_ Account# \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Contact \_\_\_\_\_ Contact EMAIL \_\_\_\_\_

### Account #2 (Savings)

Name of Bank \_\_\_\_\_ Account# \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Contact \_\_\_\_\_ Contact EMAIL \_\_\_\_\_

### Business Real Estate

Mortgage Holder \_\_\_\_\_ Account# \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Contact \_\_\_\_\_ Contact EMAIL \_\_\_\_\_

Land Lord \_\_\_\_\_ Account# \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
Contact \_\_\_\_\_ Contact \_\_\_\_\_  
EMAIL \_\_\_\_\_  
Total Length of lease or mortgage \_\_\_\_\_ Years. Time remaining on lease or mortgage \_\_\_\_\_ Years

**Trade References (Minimum of 3 required)**

Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
Contact \_\_\_\_\_ Contact EMAIL \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
Contact \_\_\_\_\_ Contact EMAIL \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
Contact \_\_\_\_\_ Contact EMAIL \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
Contact \_\_\_\_\_ Contact EMAIL \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
Contact \_\_\_\_\_ Contact EMAIL \_\_\_\_\_

I affirm all information attached and referenced here-in are true and recent.

Signed \_\_\_\_\_ Title \_\_\_\_\_  
PRINTED NAME \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:**

This Old Farm, Inc.  
9572 W. County Road 650 S.  
Colfax, IN 46035

jessica@thisoldfarminc.com  
(765) 324-2161