

# WaterField Farms, LLC

A division of BioAgriCultural Enterprises, LLC  
 93 Peck Road, Bethany CT 06524 Phone 203-393-1383 Fax 203.285.6992  
[waterfieldfarms@hotmail.com](mailto:waterfieldfarms@hotmail.com) [www.wffarms.com](http://www.wffarms.com)

## Confidential Credit Application Form

Firm Information			
Name		Year Established	
Billing Address		Firm is a <input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corp.	
Shipping Address			
Phone Number	Fax Number	Email	Owner's Name
Accounts Payable			
Name of Bookkeeper			
Phone Number	Fax Number	Email	
Trade and Bank References			
Name of Bank	Address/ Phone/ Fax		Account Number
Name of Supplier	Address		Phone/ Fax/ Contact
Name of Supplier	Address		Phone/ Fax/ Contact
Name of Supplier	Address		Phone/ Fax/ Contact

We understand finance charges will accrue on invoices outstanding over 30 days from the date of invoice at the rate of 1.5% per month (18% APR). We agree to pay accumulated finance charges plus all costs of collection. We anticipate a credit requirement of \$ \_\_\_\_\_ from WaterField. We agree to supply current financial statement(s) at any time you request. If there are any changes in the business which would alter the credit status and/or our ability to pay outstanding debts, we agree to notify you immediately. We also authorize you to contact our references and to obtain any further credit information you may deem appropriate.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### Personal Guarantee

The undersigned, in consideration for granting to the applicant such credit as WaterField in its sole discretion may from time to time deem appropriate, (i) agrees to the above terms and conditions and (ii) personally affirms that all of the above information is true, correct and complete. I personally guarantee full and prompt payment of any monies to become due from the applicant, together with all costs of collection. I hereby waive notice of default or non-payment and consent to any modifications of the terms or amounts of credit. I understand that any modifications of my personal guarantee will not be effective unless and until you receive written notice, and it will not affect amounts incurred by applicant before that notice.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



STATE OF CONNECTICUT  
DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)

Address

WaterField Farms, LLC

93 Peck Road, Bethany, CT 06524

I certify that Name of Firm (Buyer)

is engaged as a registered

Street Address or P.O. Box No.

City

State

Zip

- Wholesaler
- Retailer
- Manufacturer
- Lessor
- Other (specify)

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

City or state

State Registration  
or I.D. No.

City or State

State Registration  
or I.D. No.

City or state

State Registration  
or I.D. No.

City or State

State Registration  
or I.D. No.

City or state

State Registration  
or I.D. No.

City or State

State Registration  
or I.D. No.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete certificate.

Authorized Signature

(Owner, Partner or Corporate Officer)

Title

Date