

P. O. Box 161465 Atlanta, GA 30321 (404) 362-9390 Fax: (404) 608-0231 www.athenafarms.net

CREDIT APPLICATION			
CUSTOMER INFORMATION			
Company Name:	DBA or Trading As:		
Physical Address:	City: State: Zip:		
Billing Address:	City: State: Zip:		
Phone Number(s):	Fax Number(s):		
BUSINESS CREDIT INFORMATION			
Federal Tax ID #/ SS#:	PACA License #:		
D&B#:	Year Business Established:		
Federal Tax ID #/ SS#:			
If Affiliate/Subsidiary, Indicate Parent:	Number of Employees:		
Annual Sales Volume:	Purchasing Agent:		
Date of Incorporation:	State of Incorporation:		
OWNERSHIP: (A) AND IF AP	PLICABLE (B) OR (C) MUST BE COMPL	ETED	
Company Type: ☐ Sole Proprietorship ☐ Partnersh	p ☐ Corporation ☐ Limited Liability Entity		
(A) Individual Responsible: Name:	Email Address:		
Home Address:	Home Phone:		
Social Security Number:	Driver's License Number:		
(B) Partnership: First Partner Name:	Email Address:		
Home Address:	Home Phone:		
Social Security Number:	Driver's License Number:		
Second Partner Name:	Email Address:		
Home Address:	Home Phone:		
Social Security Number:	Driver's License Number:		
(C) Corporation: Name of President:			
Name of Vice President:	Name of Treasurer:		
Name of Accounts Payable Contact:	Phone Number:		
Address of Principal Office (if different than above):	Phone Number:		

TRADE REFERENCES		
Name:	Address:	
Phone Number:	Email Address:	
Name:	Address:	
Phone Number:	Email Address:	
Name:	Address:	
Phone Number:	Email Address:	
BANK REFERENCES		
Bank Name:	Contact:	
City: State: Zip:	Checking Account Number:	
Phone Number:	Email Address:	
Bank Name:	Contact:	
City: State: Zip:	Checking Account Number:	
Phone Number:	Email Address:	
CREDIT TERMS AND POLICY		
authorizes Seller to obtain a consumer credit repsources in order to further evaluate the continued experience in order to further evaluate the continued experience in order to further evaluate the continued experience in order to remain within the credit terms provided or until the entire balance is paid and subject Customer's a law. Customer shall be liable for any deficiency after recollection, reasonable attorneys' fees, court costs, re	n Seller's invoices could result in Customer's account being placed on C.O.D. account to interest at either 1.5% per month or the maximum rate permitted by epossession and sale. In the event of default, Customer shall pay all costs of epossession fees and collection agency fees. Costs of collection, including interest, repossession fees and collection agency fees shall be considered and under the PACA trust, 7 U.S.C. § 499e.	
<u> </u>	G PERSONAL GUARANTEE	
In consideration for the extension of credit to Customer by past, present, or future indebtedness of Customer to the Sel Guarantee is an absolute, completed and continuing one. Guales to Customer or any liabilities or obligations incurred respect to the obligation covered under the guarantee. This successors, and assigns, and shall inure to benefit of the Sel The undersigned shall pay all costs of collection, including reasonable attorneys' fees. All costs of collection, including	Seller the undersigned, personally, jointly and severally, guarantee payment of all ller as the same may be renewed, extended or rearranged from time to time. This parantor(s) waive(s) notice of acceptance and reliance on this Guarantee, notice of by Customer, notice of default by Customer, and notation of nonpayment with Guarantee is binding upon the undersigned, their heirs, personal representatives, ler, its successors and assigns. If a gactrued interest, court costs and repossession fees, collection agency fees, and no court costs and repossession fees, collection agency fees, and reasonable ion with the underlying transactions under the PACA trust. Seller may waive or	
Home Address:	Home Phone:	
Social Security Number:	Email Address:	
Second Guarantor Name:	Signature:	
Home Address:	Home Phone:	
Social Security Number:	Email Address:	