

www.hmf-inc.com
 info@hmf-inc.com



We accept Visa® and
 Master Card®

tel: 719-532-1115
 fax: 719-532-1116

BUSINESS INFORMATION/REFERENCE FORM

BILL TO:(Legal Business Name)		SHIP TO address: Check if same ()	
(D/B/A)Trade Name:			
ADDRESS:		ADDRESS:	
CITY:	STATE:	ZIP:	
CITY:		STATE:	ZIP:
Telephone:		Fax:	
CONTACT PERSON:			
Purchasing:		Accounts Payable:	
EMAIL: _____ WEBSITE: _____			
Business Type:(Circle one) Restaurant/ School/ Government/ Hospital/ In Plant Facility/ Other: _____			
How long in business?: _____ YEARS		PURCHASE ORDER REQUIRED? - Please check one YES <input type="checkbox"/> NO <input type="checkbox"/>	
TYPE OF ORGANIZATION-Please check one: PARTNERSHIP/OTHER() CORPORATION () INDIVIDUAL()			
Please provide SOCIAL SECURITY# _____			
STATE SALES TAX NUMBER: ID# _____		State of _____	
TAXABLE() NON-TAXABLE() <i>Must complete TAX CERTIFICATE for our records</i>			
Branch/Division/Subsidiary of _____			
If you are a corporate property or national chain and have established credit with us, sign and do not complete balance of form.			
NAMES AND ADDRESS OF OWNERS, PARTNERS, OR CORPORATE OFFICERS AS FOLLOWS:			
NAME:		ADDRESS:	
TITLE:			
NAME:		ADDRESS:	
TITLE:			
NAME:		ADDRESS:	
TITLE:			
COD ACCOUNT ONLY? Yes () If checked, sign and do not complete balance of form.			
BUSINESS REFERENCES--PRINCIPAL SUPPLIERS			
NAME:		ADDRESS:	
CONTACT:	PHONE:	FAX:	E-mail:
NAME:		ADDRESS:	
CONTACT:	PHONE:	FAX:	E-mail:
NAME:		ADDRESS:	
CONTACT:	PHONE:	FAX:	E-mail:
BANKING REFERENCE			
Bank Name:		Address:.....	
Bank Contact:.....		City/State/Zip code.....	
Account #:.....		Phone:.....Fax:.....E-mail.....	

In consideration of, and in order to induce you to establish an open account line of credit on the foregoing application, the undersigned promises to pay for purchases in accordance with your terms of sale as stated on the invoice. It is understood that no further credit will be extended if these terms are not kept. If purchases are not paid and vendor engages an attorney to enforce the collection, we/I agree to pay all expenses and costs of litigation including court cost and a reasonable attorney fee. All past due accounts are subject to finance charges of 1 1/2% per month, 18% per annum. Applicant authorizes the above company to obtain credit and financial information about applicant at any time and from any source.

Authorized Signature: _____

DATE: _____

Personal Guarantee

The undersigned in consideration for the extension of credit to said applicant, hereby agrees to the above terms and conditions and to personally guarantee all liabilities and responsibilities for payment of the corporation's account and further guarantees payment of any monies that become due in accordance with the above terms and conditions. I also understand that credit would not be extended to the named corporation without this personal guarantee by the signature.

Signature of guarantor

Date

Printed name of guarantor

Social Security # of guarantor

Current Address, City, State and Zip code

() _____
Current Home Phone



Credit Card Authorization Form

I _____ (please print full name)
authorize Harvest Mountain Foods, Inc. the use of my credit card for this and/or
future orders.

Company Name: _____

Cardholder Name: _____

Credit card billing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Credit card number: _____

3 digit security code from back of credit card _____

Expiration Date: _____

Signature: _____ Date: _____

MAIL OR FAX THIS COMPLETED FORM TO:

Harvest Mountain Foods, Inc.
P.O. Box 50017
Colorado Springs, CO 80949-0017
(719) 532-1115 * Fax (719) 532-1116