

CREDIT TERMS

PAYMENT DUE NET 30. A SERVICE CHARGE COMPUTED AT A PERIODIC RATE ON 1.5% PER MONTH, WHICH IS AN ANNUAL RATE OF 18%, WILL BE CHARGED ON ALL PAST DUE ACCOUNTS IN CONSIDERATION OF EXTENSION OF CREDIT.

IF LEGAL ACTION MUST BE TAKEN FOR COLLECTION OF THIS ACCOUNT, VENUE SHALL BE DEEMED TO BE IN THE COUNTY OR JUDICIAL DISTRICT OF SELLERS OPTION AND PURCHASER AGREES TO PAY ALL COLLECTION COSTS, ATTORNEYS' FEES AND COURT COSTS.

CLAIMS

CLAIMS MUST BE REPORTED VERBALLY WITHIN 24 HOURS OF DELIVERY FOR ANY/ALL CREDITS OR REPLACEMENT OF DAMAGED PRODUCT. UPON NOTIFICATION TO YOUR KENDALL FARMS SALESPERSON YOU WILL RECEIVE A CONTROL NUMBER. FOLLOWING THIS WRITTEN NOTIFICATION MUST BE FAXED OR EMAILED TO KENDALL FARMS, LP WITHIN 72 HOURS.

COMMON CARRIERS ARE RESPONSIBLE TO CONSIGNEE FOR LOSS OR DAMAGE, AND ALL CLAIMS MUST BE FILED WITH CARRIER

AGREEMENT

I HAVE READ THE CREDIT TERMS OF THIS APPLICATION. IN ACCORDANCE THEREWITH I AGREE TO PAY MY MONTHLY PURCHASES BY THE DUE DATE OF THE INVOICE. I FURTHER AGREE TO PAY A SERVICE CHARGE OF 1.5% PER MONTH ON ANY BALANCE NOT PAID WITHIN 30 DAYS OF DATE DUE. **AN OWNER OR CORPORATE OFFICER MAY ONLY SIGN THIS AGREEMENT.**

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

PERSONAL GUARANTEE

IN CONSIDERATION OF AN ACCOUNT BEING ESTABLISHED BY KENDALL FARMS, L.P. TO THE ABOVE NAMED APPLICANT FOR MERCHANDISE TO BE PURCHASED, WHETHER APPLICANT BE AN INDIVIDUAL OR INDIVIDUALS, A PROPRIETORSHIP, A PARTNERSHIP, A CORPORATION, OR OTHER ENTITY, THE UNDERSIGNED GUARANTOR OR GUARANTORS, EACH, HEREBY CONTRACT AND GUARANTEE TO KENDALL FARMS, L.P. THE FAITHFUL PAYMENT, WHEN DUE, OF ALL ACCOUNTS OF SAID APPLICANT FOR PURCHASE MADE HEREAFTER. ANY REVOCATION OF THIS GUARANTEE SHALL BE IN WRITING AND DELIVERED BY CERTIFIED MAIL TO KENDALL FARMS, L.P./ 4230 WHITE LILAC RD. FALLBROOK CA 92028

X _____ DATE _____

(signature)

PRINT NAME: _____

| |
|---------------------|
| KF Use Only ____ |
|---------------------|



GROWER/SHIPPER
800·900·0848

4230 White Lilac Rd. Fallbrook, CA 92028
760-731-0681 fax 760-731-5205

CREDIT APPLICATION

BUSINESS NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE # AND FAX # _____

RESALE PERMIT # _____ Email _____

NAME OF OWNER _____

OWN OR LEASE BUILDING _____

YRS. IN BUSINESS _____

PREFERRED SHIPPING METHOD(S) _____

DAYS PREFERRED CONTACTED _____

PREFER FAX OR E-MAIL _____

TRADE REFERENCES

| NAME | ADDRESS | PHONE# | FAX# |
|------|---------|--------|------|
|------|---------|--------|------|

1. _____

2. _____

3. _____

4. _____

BANK REFERENCE

BANK NAME: _____

ADDRESS: _____

Phone# _____ Fax# _____

Bank Officer: _____ Checking Account # _____

Credit Card # _____ exp date _____

Name on Credit Card _____