



**The Chas. C. Hart Seed Co.**

Sales Rep: \_\_\_\_\_

Code: \_\_\_\_\_

304 Main Street, Wethersfield, CT 06109 Phone 860-529-2537 Fax 860-563-7221 Website: [www.hartseed.com](http://www.hartseed.com)

Email: [accounting@hartseed.com](mailto:accounting@hartseed.com)

## CREDIT APPLICATION

**Business URL** (if available) \_\_\_\_\_

**Legal Name of Business** \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ Email \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

**Shipping Address** \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

**FEIN# or Social Security#** \_\_\_\_\_ **Tax Resale#** \_\_\_\_\_

(Please attach copy of Resale Certificate)

**Bank Name** \_\_\_\_\_ **Account#** \_\_\_\_\_

Address

City

State

Zip Code

**OWNERSHIP:**  Sole Proprietorship  Partnership  Municipality  LLC  Non-Profit  Corporation

Names of **PRINCIPALS OR OWNERS:**

NAME

POSITION (TITLE)

HOME ADDRESS

SS#

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**ACCOUNTS PAYABLE CONTACT NAME:** \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**TRADE REFERENCES: (Please furnish COMPLETE address)**

1. \_\_\_\_\_

Company Name

Street Address

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Contact Name

Email

Fax#

2. \_\_\_\_\_

Company Name

Street Address

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Contact Name

Email

Fax#

3. \_\_\_\_\_

Company Name

Street Address

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

Contact Name

Email

Fax#

The undersigned hereby applies to **THE CHAS. C. HART SEED CO.** for the extension of credit and in consideration thereof the undersigned hereby agrees to the terms of sale as stated on back.

Signature

Please Print Name

Date

The undersigned personally agrees to pay **THE CHAS. C. HART SEED CO.** for all goods sold and delivered per terms of sale.

Signature

Please Print Name

Date

**SEE REVERSE SIDE FOR TERMS OF SALE**

## **TERMS OF SALE**

Our terms are **Net 30** days from date of invoice, unless otherwise stated. Until credit is established, terms are **Net C.O.D.** All past accounts are subject to a **FINANCE CHARGE** of 1.5% per month, which is an **ANNUAL PERCENTAGE RATE** of 18% per year or the maximum rate allowed by state law, on the **UNPAID INVOICE(S)** and cost of collection, including a reasonable attorney's fee and expenses in the event that it becomes necessary to refer this account for collection.

This application does not constitute a promise to extend credit. **THE CHAS. C. HART SEED CO.** reserves the right to limit or refuse credit based on information gathered. **THE CHAS. C. HART SEED CO.** further reserves the right to change credit limits based on payment performance.

**ALL TRADE DISCOUNTS ARE FORFEITED IF INVOICE(S) NOT PAID WITHIN TERMS.**



**The Chas. C. Hart Seed Co.**

Customer #:

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## Sales & Use Tax Resale Certificate

Issued to **(SELLER)** **The Chas. C. Hart Seed Co.**  
304 Main Street  
Wethersfield, CT 06109

**TAX ID NUMBER:**

I certify that name of below firm **(BUYER)**

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ - \_\_\_\_\_

is engaged as a registered:

Wholesaler  Retailer  Manufacturer  Lessor  Other-Please 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(s) to be resold, leased or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, or leasing (renting) the following:

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 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