BANK AFFILIATION

NAME_____BRANCH_____ADDRESS_____
CITY_____STATE_____ZIP_____
CHECKING ACCT#_____SAVING ACCT#_____
CONTACT:_____

FINANCIAL INFORMATION

AMOUNT OF WEEKLY CREDIT DESIRED$_____
IN EXCESS OF $10,000.00 , PLEASE SUBMIT THE FOLLOWING:
.PROVIDE A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT

TERMS AND CONDITIONS

IN THE EVENT THAT CREDIT IS EXTENDED BY LEGACY FARMS,LLC THE UNDERSIGNED CLIENT AGREES TO THE TERMS AND CONDITIONS AS FOLLOWS:

1. TO PAY ALL INVOICES NET 14 TO 21 DAYS
2. TO PAY ALL REASONABLE COLLECTION COSTS, ATTORNEY'S FEES, AND COURT COSTS INCURRED IN ENFORCING COLLECTION ON THIS ACCOUNT.
3. IF THE ACCOUNT BECOMES DELINQUENT, THE CLIENTS CREDIT RATING MAY BE REASSESSED
4. WE ARE GIVEN PERMISSION TO OBTAIN ANY CREDIT REPORTS WE DEEM NECESSARY TO COMPLETE THE PROCESS OF THIS APPLICATION.

THE PERSON SIGNING THIS DOCUMENT DECLARES THAT THE INFORMATION SUPPLIED HEREIN IS ACCURATE, THAT SHE/HE IS AUTHORIZED TO SIGN THIS DOCUMENT ON BEHALF OF THE CLIENT, AND IF CREDIT IS GRANTED, AGREES TO THE TERMS DESCRIBED HEREIN.

ALL INDEBTEDNESS TO LEGACY FARMS,LLC IS DUE AND PAYABLE IN FULL AT IT'S 0FFICES IN BUENA PARK, CALIFORNIA AND ALL CONTRACTS AND ORDERS ARE DEEMED TO BE MADE OR CONSUMMATED AT SAID PLACE.

_____ _____
SIGNATURE (PRINCIPAL OR OFFICER ONLY) DATE

_____
PRINT NAME