



**WEST COAST MUSHROOMS, LLC**  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone   Fax			
E-mail			
Registered company address City, State ZIP Code			

**BUSINESS AND CREDIT INFORMATION**

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
Have you ever filed for bankruptcy?	( ) Yes or ( ) No	If yes, please attach an explanation	

**BUSINESS/TRADE REFERENCES**

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

**AGREEMENT**

- All invoices are to be paid 21 days from the date of the invoice.
- Claims arising from invoices must be made within 24 hours.
- By submitting this application, you authorize WEST COAST MUSHROOMS, LLC to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

**Mailing Address:**  
 2464 Lewisville Rd  
 Oxford, PA 19390

**Physical Address:**  
 627 Ebenezer Church Rd  
 Rising Sun, MD 21911  
 Office: 410-658-7699  
 Fax: 410-658-7649