



# NEW ACCOUNT

share the love at [ladymoonfarms.com](http://ladymoonfarms.com)

Lady Moon Farms  
1795 Criders Church Road  
Chambersburg, PA. 17202  
717-369-2113 (office)  
717-369-2228 (fax)

Thank you for your interest in our line of organic produce. As a new contact we require some background information before opening your account. Please FAX or EMAIL all completed pages of the completed/signed application to: Lady Moon Farms Attn: Tammy Kriner, Fax: 717-369-2228. Email: [tammy@ladymoonfarms.com](mailto:tammy@ladymoonfarms.com). If there are any questions about our request please call 717-369-2113.

## ACCOUNT APPLICATION

Company Name: \_\_\_\_\_ Seasonal or year round?: \_\_\_\_\_  
 \_\_\_\_\_ Are you a grower yourself?: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Will you only buy seasonally?:  
 \_\_\_\_\_ if so, Winter (Oct-April) or Summer (may-sept)?  
 \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Who is AP manager \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ Do you have a food safety manager, if so, please provide  
 Year Business Started: \_\_\_\_\_ contact information: \_\_\_\_\_  
 Description and nature of business: \_\_\_\_\_  
 \_\_\_\_\_  
 Areas of operation: \_\_\_\_\_  
 \_\_\_\_\_

## ADDITIONAL INFORMATION

Please FAX or EMAIL a copy of your W9 and Certificate of Insurance to: Lady Moon Farms  
Attn: Tammy Kriner, Fax: 717-369-2228. Email: [tammy@ladymoonfarms.com](mailto:tammy@ladymoonfarms.com).

## TERMS AND CONDITIONS

Terms are 14 days from date of loading, invoices are emailed. Notice of discrepancy required within 24 hours of receipt. Buyer must provide transportation.

3rd party audit certifications available upon request.

Please Note:

Remit to address is: Lady Moon Farms, 1795 Criders Church Road, Chambersburg PA 17202





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## CREDIT REFERENCE 1



Company: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

email: \_\_\_\_\_

Accounts Receivable Contact:

\_\_\_\_\_

## CREDIT REFERENCE 2



Company: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

email: \_\_\_\_\_

Accounts Receivable Contact:

\_\_\_\_\_

## CREDIT REFERENCE 3



Company: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

email: \_\_\_\_\_

Accounts Receivable Contact:

\_\_\_\_\_

## CREDIT REFERENCE 4



Company: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

email: \_\_\_\_\_

Accounts Receivable Contact:

\_\_\_\_\_





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## BANK INFORMATION

Account number: \_\_\_\_\_ Bank Branch Phone: \_\_\_\_\_

Bank: \_\_\_\_\_ Attn: \_\_\_\_\_

RE: \_\_\_\_\_ Fax/email: \_\_\_\_\_

## LETTER OF RELEASE

Please include a letter of release for your banking institution, they require this letter stating that you give them permission to release the information that we are asking for.

