

Mountain Home Biological  
 PO Box 277  
 White Salmon, WA 98672



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 Fax: 509-493-2128  
[mtnhome@gorge.net](mailto:mtnhome@gorge.net)

## Open Account Application

*All information contained in this application will remain confidential*

Contact Information				Billing Information			
Contact Name				AP Contact			
Company Name				Company Name			
Address				Address			
Phone				Phone			
Fax				Fax			
Email				Email			
General Information							
Federal Tax ID#				Principal Officer			
Established Date				Title			
Legal Structure (Check all that apply)							
<input type="checkbox"/> Corporation		<input type="checkbox"/> LLC		<input type="checkbox"/> Sole Proprietor			
<input type="checkbox"/> Partnership		<input type="checkbox"/> LLP		<input type="checkbox"/> Non-Profit			
State Tax Id#				Corp#			
Reseller#				SIC Code			
Established				Established			
Bank Reference							
Bank Name				Bank Acct#/ Type			
Address				City/State/Zip			
Phone				Contact			
Trade References (minimum of 3)							
Company		Street		City	State/Zip	Phone	Fax
Signature and Authorization							
<p>The undersigned on behalf of the Applicant authorizes Mountain Home Biological to obtain such information as it may require from the above bank and trade references which have been furnished by the Applicant for the purpose of obtaining credit. A fax or photocopy of this form will be deemed as acceptable authorization for the releaser of any necessary credit information. The undersigned certifies that this application has been accurately completed and represents current data.</p> <p>This application is made with the understanding and agreement that all charges will be due and payable by the 10<sup>th</sup> day of the month following charges, unless other terms are stated thereon, and that a monthly service charge of 1.5% will be paid on all balances which are past due. In the event the account becomes delinquent, the undersigned agrees to pay all attorneys fees and cost extended to effect collection of the account.</p>							
Signature						Date	
Printed Name						Business Title	

ALL PORTIONS OF THIS FORM MUST BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION.