AGRI-TURF DISTRIBUTING, LLC

CREDIT APPLICATION FOR GOVERNMENT AND SCHOOLS

CONTACT INFORMATION			
Organization:		Department:	
Phone:	Fax:	E-mail:	
Shipping address:			
City:		State:	ZIP Code:
Accounts Payable Contact:		Accounts Payable Phone #:	
Department Supervisor:		Supervisor Phone #:	
Authorized Purchasing Agent:		Requested Line of Credit:	

PURCHASE ORDER INFORMATION			
Purchase order required? (circle one) YES NO		Authorized Agent:	
Estimated Monthly Purchases:			
Federal Taxpayer ID:			
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account:	Account number:		
Savings			
Checking			
Other			

CONFIDENTIAL

AGREEMENT

Credit Terms: Net 30 days from date of shipment. Payment Terms will be stated on the invoice.

REQUIRED SIGNATURES

I (the undersigned) am authorized to establish credit accounts for the above referenced government entity.

THIS APPLICATION MUST BE SIGNED TO BE PROCESSED

Signature: Title: Date:	Signature: Title: Date:

Submit this Credit Application with the License form (and a copy of all applicable licenses) to:
Agri-Turf Distributing, ATTN: Credit Manager, 10551 Hathaway Drive, Santa Fe Springs, CA 90670.