



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

| | | | |
|------------------------------|--------------|---------------------------|-----------|
| Company name: | | DBA: | |
| Phone: | Fax: | E-mail: | |
| Primary Business address: | | | |
| City: | | State: | ZIP Code: |
| Date business established: | | Type of Business: | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| Authorized Purchasing Agent: | | Requested Line of Credit: | |

BUSINESS AND CREDIT INFORMATION

| | | |
|--|--------|-----------|
| Billing address (if different from above): | | |
| City: | State: | ZIP Code: |
| Federal Taxpayer ID: | | |
| Bank name: | | |
| Bank address: | | Phone: |
| City: | State: | ZIP Code: |
| Account number: | | |
| Savings | | |
| Checking | | |
| Other | | |

BUSINESS/TRADE REFERENCES

| | | |
|------------------|--------|-----------|
| Company name: | | |
| Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| Type of account: | | |
| Company name: | | |
| Address: | | |
| City: | State: | ZIP Code: |
| Phone: | Fax: | E-mail: |
| Type of account: | | |

AGREEMENT

I understand and agree to _____ terms of sale. I also understand a service charge of 1.0 % per month, or 12% per annum, will be charged on past due invoices. Payment terms will be stated on each invoice.

By submitting this application, you authorize Agri-Turf Distributing, LLC to use the information provided for credit verification. This information will be kept confidential for internal use only.

REQUIRED SIGNATURES

NOTE: Signature(s) must be that of Owner, Corporate Officer (President, Vice President, Treasurer) or Partners

| | |
|------------|------------|
| Signature: | Signature: |
| Title: | Title: |
| Date: | 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.