



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.