



CREDIT APPLICATION FOR GOVERNMENT AND SCHOOLS

CONTACT INFORMATION

Organization:		Department:	
Phone:	Fax:	E-mail:	
Billing Address:			
City:		State:	ZIP Code:
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)		Authorized Agent:	
YES	NO		
Estimated Monthly Purchases:			
Federal Taxpayer ID:			
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account:	Account number:		
Savings			
Checking			
Other			

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: Print Name: Title: Date:	Signature: Print Name: Title: Date:
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Submit this Credit Application with the License Form (and copy of all applicable licenses) to:
 Agri-Turf Distributing, ATTN: Credit Manager, 10551 Hathaway Drive, Santa Fe Springs, CA 90670, or
 fax to (562) 366-0295.