



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:		DBA:	
Phone:	Fax:	E-mail:	
Primary Business address:			
City:		State:	ZIP Code:
Shipping 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:
Print Name:	Print Name:
Title:	Title:
Date:	Date: