



APPLICATION FOR CREDIT

BUSINESS INFORMATION

Business/Firm Name: _____

Billing Address: _____

Physical Address: _____

Years at this address: _____ Phone: (____) _____ Fax: (____) _____

OWNERSHIP

____ Corporation ____ Partnership ____ Individual ____ Other _____
Specify

Date Business Established _____

1. _____
Name(s) of Principal(s) Title Complete Address Zip Phone

2. _____

3. _____

FINANCE

_____ *Bank* _____ *Bank Address*

_____ *Bank Officer or Department* _____ *Phone*

_____ *Name on Credit Card* _____ *Credit Card #* _____ *Expiry Date*

TRADE REFERENCES

1. _____
Name Address Phone Contact

2. _____

3. _____

4. _____

_____ *Check here if cash and/or credit card sales are okay until credit is approved.*



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TERMS

Applicant is hereby advised that our regularly stated terms INCLUDE: 2% discount for payment within 10 days of invoice, 30 days NET. Past due accounts will be assessed a service charge of 1 1/2 % per month or at a rate not to exceed lawful limits. All claims for errors or unsatisfactory stock must be on the Bill of Lading. In no case will claims be considered relative to orders which have not been paid in full within terms. Should errors occur or any stock prove to be untrue to name as labeled, within recognized tolerances, it is mutually agreed that our total liability, upon satisfactory proof, shall be limited at our option to free replacement or refund of purchase price. Cancellations must be made in writing to be binding and cannot be accepted after stock has been dug or processed. Orders are accepted subject to prior bookings and with the understanding that we shall not be liable in the event of injury to crops from hail, fire, frost or other acts of God; or from other circumstances over which we have no control. In the event that is becomes necessary for our firm to file suit or turn an account over to our collection agency to enforce payment, applicant agrees that such suit may be brought in seller's home county at seller's option and seller shall be entitled to collection costs, court costs, attorney's fees and interest at the rate of 1 1/2 % per month (18% PER ANNUM) on all amounts due and payable.

AFFIDAVIT AND SIGNATURE

I HAVE READ AND UNDERSTAND THE ABOVE TERMS, HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE, AND HAVE RETAINED A COPY OF THIS AGREEMENT FOR MY RECORDS. WE FURTHER AUTHORIZE THE CITED REFERENCES TO SUPPLY PERTINENT INFORMATION AS MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES.

(FIRM NAME)

(DATED)

BY: _____
(SIGNATURE AND TITLE OF APPLICANT)

(SOCIAL SECURITY NUMBER)

CORPORATION OFFICERS, PARTNERS OR PROPRIETORS HEREWITH ACKNOWLEDGE AND ASSUME PERSONAL RESPONSIBILITY FOR DEBTS INCURRED IN THE NAME OF THE FIRM:

(INDIVIDUAL)

(DATED)

PLEASE DO NOT WRITE IN THE SPACE BELOW VERIFICATION:

References checked by: _____

Credit approved by: _____

Reference results: _____

Credit refused by: _____

Date: _____ Terms: _____ Amount of Credit: _____