

APPLICATION FOR CREDIT

Company Name _____ Date _____
Address _____ Telephone _____
City _____ State _____ Zip _____ E-mail _____
Contact _____ Length of time in business _____
Type of Organization Corporation Partnership Individual

Officers and/or Owners

Name & Address	Title	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person to contact for payment _____

Banks

Name _____ Contact _____
Address _____ Telephone _____
City _____ State _____ Zip _____ Account Number _____

Name _____ Contact _____
Address _____ Telephone _____
City _____ State _____ Zip _____ Account Number _____

Trade References *(Please list three trade references in the agricultural industry)*

Company Name _____ Contact _____
Address _____ Telephone _____
City _____ State _____ Zip _____ Fax _____

Company Name _____ Contact _____
Address _____ Telephone _____
City _____ State _____ Zip _____ Fax _____

Company Name _____ Contact _____
Address _____ Telephone _____
City _____ State _____ Zip _____ Fax _____

The above information is provided for the purpose of extending credit to our company on payment terms of net 30. To the best of our knowledge and belief, the information is accurate and may be relied upon in making a credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

Authorized Signature: _____ Title: _____ Date: _____