



# AGRICULTURAL SERVICES, INC. APPLICATION FOR CREDIT

FAX TO: (903) 831-7279

DATE: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Corporation (FIN: \_\_\_\_\_)

Partnership (FIN: \_\_\_\_\_)

Sole Proprietorship (SS#: \_\_\_\_\_)

State Tax Exemption No.: \_\_\_\_\_ State: \_\_\_\_\_ **\*\* Send copy of Tax Exemption Certificate**

Resale

Direct Pay

Estimated Monthly Charges: \_\_\_\_\_

Have you had/or presently have an account with our company under a different name?: \_\_\_\_\_

If yes, Name: \_\_\_\_\_ Year: \_\_\_\_\_

List Owners:

1. Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

2. Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

3. Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Name of Accounts Payable Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Bank Reference:

Bank Name \_\_\_\_\_ Bank Telephone No. \_\_\_\_\_

Branch \_\_\_\_\_ Account No. \_\_\_\_\_

Contact Person \_\_\_\_\_

Please list Creditors: Give minimum of three credit references

Company Name	Address, City, St., Zip	Telephone #	Fax #	Contact Name
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby authorize any bank named heron to release information to Agricultural Services, Inc. pertaining to my records.

I/We understand and agree that payment is due **10 days from date of invoice; past due 30 days from invoice date, and a Finance Charge of .83% per month which is an ANNUAL PERCENTAGE RATE of 10% applied to the unpaid balance after deducting current payments and/or credits. No monthly statements mailed unless requested.**

I/We agree to pay any attorney or collection fees incurred in the necessary collection of said account.

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_