



AGRICULTURAL SERVICES, INC. APPLICATION FOR CREDIT

FAX TO: (903) 838-5164

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: _____