



# APPLICATION FOR CREDIT

## Southern Agricultural Insecticides, Inc.

P. O. Box 218 Palmetto, FL 34220  
Telephone: (941) 722-3285 Watts: (800) 477-3285 Fax: (941) 723-2974

Southern Ag Sales Person \_\_\_\_\_

WE HEREBY APPLY FOR CREDIT AND CERTIFY THAT THE INFORMATION BELOW IS CORRECT. OUR UNDERSTANDING IS THAT THIS INFORMATION IS FOR THE USE OF YOUR CREDIT DEPARTMENT ONLY AND WILL BE HELD IN THE STRICTEST CONFIDENCE. (PLEASE FILL OUT COMPLETELY - TYPE OR PRINT LEGIBLY)

APPLICANT \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ COUNTY \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PHYSICAL / DELIVERY ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SUBSIDIARY OF (if not applicable, please leave blank) \_\_\_\_\_

TYPE OF OWNERSHIP:  CORPORATION  PARTNERSHIP  INDIVIDUAL EST. DATE \_\_\_\_\_

IF CORPORATION, INCORPORATED UNDER LAWS OF WHAT STATE? \_\_\_\_\_

DUNN & BRADSTREET NUMBER \_\_\_\_\_ FEDERAL ID. NUMBER \_\_\_\_\_

### PRINCIPAL OWNER(S)

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

### TYPE OF BUSINESS

- JOBBER
- PCO
- ORN. NURSERY
- DISTRIBUTOR
- GOLF COURSE
- LANDSCAPE
- DEALER (GARDEN CENTER; RETAIL NURSERY)
- AGRICULTURAL GROWER (SPECIFY CROPS)
- OTHER \_\_\_\_\_

### RESTRICTED PESTICIDE PERMIT

PERMIT HOLDERS NAME \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

### SALES TAX INFORMATION

TAX TO BE CHARGED?  YES  NO SALES TAX EXEMPTION NO. \_\_\_\_\_  
(IF NO, YOU MUST COMPLETE THE ATTACHED "BLANKET CERTIFICATE OF RESALE" CARD)

### CONTACT PERSONS

ACCOUNT PAYABLE CONTACT \_\_\_\_\_ PHONE & EXT. \_\_\_\_\_

SALES CONTACT \_\_\_\_\_ PHONE & EXT. \_\_\_\_\_

OTHERS (SPECIFY) \_\_\_\_\_ PHONE & EXT. \_\_\_\_\_

APPLICATION FOR CREDIT (CONTINUED)

BANK REFERENCES

NAME OF BANK PHONE FAX MAILING ADDRESS CITY STATE ZIP ACCOUNT NUMBER

TRADE REFERENCES (Firms Now Extending Credit, Please Do Not List Utilities or Credit Cards.)

NAME PHONE FAX MAILING ADDRESS CITY STATE ZIP ACCOUNT NUMBER

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TERMS AND CONDITIONS & AUTHORIZATION TO RELEASE INFORMATION

We request a maximum credit limit of \$ and we understand your terms are as stated on the invoice and if our account is not paid on or before the stated terms. A finance charge of 1 1/2% per month will be added to the amount of the unpaid balance each and every month until fully paid.

The undersigned also does hereby authorize SOUTHERN AGRICULTURAL INSECTICIDES, INC. to verify credit worthiness by obtaining a personal and business credit report and/or by directly contacting banks, lending institutions and suppliers listed above.

X Date: Officer:(signature) Officer:(print or type)

PERSONAL GUARANTY

I / WE, residing at for and in consideration of your extending credit at my request to (hereinafter referred to as the "Company"), of which I am hereby personally guarantee to you the payment at Palmetto in the State of Florida of any obligation of the Company and I hereby agree to bind myself to pay you upon demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same.

X Date: Officer:(signature) Officer:(print or type)