



15507 Old Milky Way Escondido, CA 92027 (o) 760-738-9112 (f) 760-738-7105

CREDIT APPLICATION FORM - please answer all questions.

Date: \_\_\_\_\_

Legal Name of Company: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Manager's name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: (\_\_\_\_\_) \_\_\_\_\_

Form of Business:

Corporation

Partnership

Proprietorship

**If non-taxable, state reason below and attach a copy of your California Resale Certificate.**

Non-Resident of California

Resale Purchase

Other: \_\_\_\_\_

California Sellers Permit No. : \_\_\_\_\_

Do you use a Purchase Order system for purchases?  Yes  No

If yes, should we refuse any of your orders that do not have a P.O # ?  Yes  No

### Trade References

1 Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Fax # \_\_\_\_\_

2 Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Fax # \_\_\_\_\_

3 Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Fax # \_\_\_\_\_

**Principals (Full Name, Title, and Social Security #)**

( 1 )	_____	_____	_____
	Name	Title	SS
( 2 )	_____	_____	_____
	Name	Title	SS
( 3 )	_____	_____	_____
	Name	Title	SS
( 4 )	_____	_____	_____
	Name	Title	SS

**Financial Information**

Name of Bank & Branch Location: \_\_\_\_\_

Name of Bank Officer/Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

This form is designed to provide important information to establish credit. If you have additional helpful information such as financial statements, summaries of operating experience, etc., please attach them to this application.

**CORPORATE OFFICERS HEREWITH ACKNOWLEDGE AND ASSUME PERSONAL RESPONSIBILITY FOR DEBTS INCURRED IN THE NAME OF THE APPLICANT:**

Individual: \_\_\_\_\_

Signature	Title	Date
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Individual: \_\_\_\_\_

Signature	Title	Date
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Individual: \_\_\_\_\_

Signature	Title	Date
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**Credit Agreement Terms and Conditions:**

It is agreed by the undersigned that all goods, merchandise, and services sold on open account will be due and payable in accordance with the terms printed on the invoices from American Sod Farms, LLC. and that applicants shall pay Finance Charges of 2% per month/24% per annum for all unpaid invoices due to American Sod Farms, LLC. Applicant also agrees to pay all costs, expenses, and reasonable attorney's fees that American Sod Farms, LLC. may incur in any manner of collection of any sums past due as open account credit is extended. The information on both sides of this form and on any attached sheet(s) is true and correct and is voluntarily provided to assist American Sod Farms, LLC. in establishing a commercial credit account for the within-named company.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_