



CREDIT APPLICATION / AGREEMENT

(Both sides must be completed in full to process)

Date _____ Salesperson _____

Trade Name _____

Billing Address _____ City _____

State _____ Zip _____ Phone () _____ Fax () _____

Billing Email _____ Contact _____

Company Type: (check one) _____ Sole _____ Partnership _____ Corporation _____ LLC

How Long In Business _____ Own Property : Yes or No Credit Requested \$ _____/Month

Federal Identification # _____ State _____ Tax Exempt: (Circle one) Yes or No
(If yes, attach state exemption form. By law a Reseller or Lawn Care Applicator only apply for exemptions)

Pesticide Applicator License # _____ Name _____ Expiration Date _____
(Include copy)

Bank Name _____ Acct # _____

Address _____ City _____ State _____ Zip _____

Bank Phone () _____ Contact _____ Email _____

Current Trade References:

1) Name _____ Email _____

Contact _____ Fax () _____ Phone () _____

Address _____ City _____ State _____ Zip _____

2) Name _____ Email _____

Contact _____ Fax () _____ Phone () _____

Address _____ City _____ State _____ Zip _____

3) Name _____ Email _____

Contact _____ Fax () _____ Phone () _____

Address _____ City _____ State _____ Zip _____

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