



FarmChem
 Servicing the agriculture industry since 1974

Corporate Office
 616 Madison Street
 Floyd Iowa 50435
 1-800-247-1854
www.farmchem.com

FARMCHEM SALESPERSON: _____

CREDIT APPLICATION

COMPANY INFORMATION

CREDIT LIMIT REQUESTED: \$ _____

COMPANY NAME: _____

COMPANY ADDRESS:

BILLING ADDRESS:

SHIPPING ADDRESS:

COMPANY PHONE: _____

Circle appropriate business type:

Individual/Sole Proprietor

Corporation

Partnership

Other _____

Would you like invoices/credits emailed? YES NO (circle one)

EMAIL : _____

A/P CONTACT NAME: _____

EMAIL : _____

PURCHASING CONTACT NAME: _____

EMAIL : _____

ARE PURCHASES FROM FARMCHEM TAX EXEMPT? YES NO (circle one) **If yes please provide exemption certificate.**

TRADE REFERENCE

PLEASE PROVIDE 3 TRADE CREDIT REFERENCES WITH PHONE NUMBER AND CONTACT PERSON.

1. _____

2. _____

3. _____

BANK REFERENCE

BANK NAME: _____ CONTACT: _____

ADDRESS: _____ PHONE: _____

CITY, STATE, ZIP: _____ TYPE OF ACCT: _____

By signing this form, I give permission to the credit references listed above to release information as deemed appropriate and to have credit history investigated. ****All purchases are due net 30 from date of invoice, unless otherwise specified. Past due invoices are subject to finance charges.**

 Signature of person completing this form

 Print Name

 Date

PERSONAL GUARANTEE

I/We personally guarantee the prompt and unconditional payment of all amount owed to FarmChem Corp. with respect to the Applicant's account, including without limitation to late charges and attorney fees up to \$500,000.00.

I/We fully and completely understand that I/We agree to inform FarmChem Corp., in writing, immediately if the legal form of Applicant is changed.

_____, personally and individually

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ - _____ - _____ Phone: _____

Date

Signature

Please fax completed form with exemption certificate, if applicable, to: 641-398-2449