



PO Box 218 Palmetto, FL 34220

phone 1 800 477 3285 fax 941 723 2974

C.O.D. OR ACCOUNT CREDIT CARD FORM

Date _____ Sales Person _____

ACCOUNT NAME _____

MAILING ADDRESS _____

COUNTY _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX () _____

SHIPPING ADDRESS _____

COUNTY _____ CITY _____ STATE _____ ZIP _____

PHONE () _____ FAX () _____

EMAIL _____

SALES TAX INFORMATION

TAX TO BE CHARGED? YES NO IF NO, PLEASE SEND CURRENT TAX EXEPTION CERTIFICATE WITH THIS APPLICATION.

RESTRICTED PESTICIDE PERMIT (IF APPLICABLE, PLEASE INCLUDE A COPY WITH THIS FORM)

PERMIT HOLDERS NAME

PERMIT NO.

STATE

EXPIRATION DATE

CONTACT PERSONS

ACCOUNT PAYABLE CONTACT _____ PHONE & EXT. _____

SALES CONTACT _____ PHONE & EXT. _____

(The following is to be completed by Southern Ag office)

PRICE CODE: _____

CREDIT LIMIT: _____

TERMS: _____

INDUSTRY CODE: DS DL GV GO GF MA

ACCOUNT NUMBER: _____