



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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NAME PHONE FAX MAILING ADDRESS CITY STATE ZIP ACCOUNT NUMBER

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. Any account not paid within 60 days must be approved by our credit department. In the event suit shall be brought for the collection hereof or the same has to be collected upon demand of an attorney, we agree to pay reasonable attorney's fees and court costs for making such collection.

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. I understand that a faxed application and its signature are acceptable and considered an original document.

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. It is understood that this guaranty shall be continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

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