



APPLICATION FOR CREDIT

Southern Agricultural Insecticides, Inc.

P. O. Box 218 Palmetto, FL 34220 WWW.SOUTHERNAG.COM
Telephone: (941) 722-3285 Watts: (800) 477-3285 Fax: (941) 720-0788

Date _____ Southern Ag Sales Person _____

(PLEASE FILL OUT COMPLETELY - TYPE OR PRINT LEGIBLY)

We hereby apply for credit and certify that the information below is correct. Our understanding is that this information is for the use of the Credit Department of Southern Agricultural Insecticides, Inc. only and will be held in the strictest of confidence.

APPLICANT _____

MAILING ADDRESS _____ COUNTY _____

CITY _____ STATE _____ ZIP _____ PHONE _____

DELIVERY ADDRESS _____ COUNTY _____

CITY _____ STATE _____ ZIP _____ PHONE _____

IS THE PHYSICAL DELIVERY ADDRESS INSIDE OF ANY CITY LIMITS? () YES or () NO

TYPE OF BUSINESS _____

(EXAMPLES: DISTRIBUTOR, DEALER (GARDEN CENTER; RETAIL NURSERY), PCO, GOLF COURSE, AGRICULTURAL GROWER (SPECIFY CROPS), ORN. NURSERY, LANDSCAPE, ETC.)

EMAIL _____ FAX _____

FED. ID. NUMBER (or) SOLE PROPRIETER SOC. SEC. NO. _____

TYPE OF OWNERSHIP: CORPORATION PARTNERSHIP LLC INDIVIDUAL (check one please)

IF CORPORATION, INCORPORATED UNDER LAWS OF WHAT STATE? _____

PRINCIPAL OWNER(S)

(1)NAME _____

(2)NAME _____

HOMEADDRESS _____

HOMEADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

HOME # _____ WORK # _____

HOME # _____ WORK # _____

SOC. SEC. NO. _____

SOC. SEC. NO. _____

RESTRICTED PESTICIDE PERMIT? YES or NO (check one please)

IF YES, A COPY OF YOUR CURRENT LICENSE/PERMIT **MUST BE INCLUDED** WITH THIS APPLICATION.

SALES TAX INFORMATION TAX TO BE CHARGED? YES or NO (check one please)

IF NO, A COPY OF YOUR CURRENT TAX EXEPTION CERTIFICATE **MUST BE INCLUDED** WITH THIS APPLICATION.

CONTACT PERSONS

ACCOUNT PAYABLE CONTACT _____ PHONE&EXT. _____

SALES CONTACT _____ PHONE&EXT. _____

OTHER (SPECIFY) _____ PHONE&EXT. _____

OTHER (SPECIFY) _____ PHONE&EXT. _____



APPLICATION FOR CREDIT (CONTINUED)

TRADE REFERENCES (Firms Now Extending Credit, Please Do Not List Utilities or Credit Cards.)

1. NAME ACCOUNT NUMBER MAILINGADDRESS FAX CITY STATE ZIP PHONE
2. NAME ACCOUNT NUMBER MAILINGADDRESS FAX CITY STATE ZIP PHONE
3. NAME ACCOUNT NUMBER MAILINGADDRESS FAX CITY STATE ZIP PHONE

TERMS AND CONDITIONS & AUTHORIZATION TO RELEASE INFORMATION

We request a maximum credit limit of \$ (required) 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.

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.

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