



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) 723-2974

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. Any account not paid within 60 days must be approved by our credit department. In the event suit shall be brought for the collection here of 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. We agree that Florida law will govern all legal questions arising out of the agreement and that the proper venue for any dispute on any outstanding invoices, goods or services provided shall be resolved in Manatee County, Florida. 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. **PLEASE SIGN IN INK**

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. **PLEASE SIGN IN INK**

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