

Credit Application

BUSINESS INFORMATION:

Business Legal Name: _____ Phone No.: _____

Doing Business As: _____ Fax No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Ownership: Corporation _____ Partnership _____ Proprietorship: _____

Description of Business: _____

Owners Name: _____

Year Established: _____ Fed Tax ID: _____

State Resale Certificate No.: _____

(Please fill out the attached resale card)

Purchasing Agent: _____ Ext: _____

Accounts Payable: _____ Ext: _____

TRADE REFERENCES: (Give only names of those you buy from on open account)

Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

City: _____ State: _____ Zip: _____

BANK REFERENCE:

Bank Name: _____ Phone No.: _____

Address: _____ Fax No.: _____

City: _____ State: _____ Zip: _____

Account No.: _____ Contact: _____

PLEASE ADVISE US OF THE AMOUNT YOU REQUEST ON OPEN CREDIT LINE: \$ _____**THE PAYMENT TERMS OF Quantum Crops. ARE NET 30. PLEASE SIGN BELOW TO CONFIRM YOUR AGREEMENT TO COMPLY WITH THESE TERMS.**

SIGNATURE: _____ TITLE _____

NAME (PRINTED) _____ DATE _____