



(989) 224-8243 • (800) 522-2426 • Fax (989) 224-8394
P.O. Box 126 • St. Johns, MI 48879

Credit Application

The undersigned company is applying for credit with AG-CO, Inc. and agrees to abide by the standard terms and conditions of AG-CO, Inc. as printed on page 2.

Company name

DBA (if different)

Contact person

Address

Phone _____ **Fax** _____

Federal tax ID or Social Security number.

Type of business _____ **No. of employees** _____

Date business established

Types of products you will purchase

Amount of credit requested \$

Are you a:

CORPORATION

State of incorporation _____ **Federal Tax ID** _____

Names, titles, and addresses of your three chief corporate officers

PARTNERSHIP

Names and addresses of the partners

SOLE PROPRIETORSHIP

Social Security Number

Are you sales tax exempt? **Yes** **No**

Have you ever had credit with us before? **Yes** **No**

If yes, under what name? _____

Authorized purchasers

Purchase order required? **Yes** **No**

TRADE REFERENCES

Reference #1 **Name** _____
 Address _____
 Phone _____ **Fax** _____

Reference #2 **Name** _____
 Address _____
 Phone _____ **Fax** _____

Reference #3 **Name** _____
 Address _____
 Phone _____ **Fax** _____

BANK REFERENCES

Bank#1 **Account #** _____
 Phone _____ **Fax** _____
 Contact person _____
 Name of bank _____
 Address _____

Bank#2 **Account #** _____
 Phone _____ **Fax** _____
 Contact person _____
 Name of bank _____
 Address _____

I represent that the above information is true and is given to induce AG-CO, Inc. to extend credit to the applicant. My company and I authorize AG-CO, Inc. to make such credit investigation as AG-CO, Inc. sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to AG-CO, Inc. any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature: _____

Printed name: _____

Title: _____ **Date:** _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. All bills become payable in full in ten days unless other terms have been agreed upon.
2. A service charge of 1.5% per month will be added to all amounts billed if not paid by the end of the month.
3. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
4. **PERSONAL GUARANTEE:** If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.

Please fax back to: 989-224-8394

Attn: Sandy