



**AGRIsales inc.**

P.O. Drawer 37  
Ceresco, NE 68017  
Phone: 800-642-1222  
Fax: 402-665-2401  
Email: sales@agrisales-inc.com

**Credit Application**

Terms: Net 10

Date \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # or Federal ID # \_\_\_\_\_

Fax # \_\_\_\_\_ E-Mail address \_\_\_\_\_

If a Corporation, List principal owners and phone numbers:

1. \_\_\_\_\_ Phone Number \_\_\_\_\_

2. \_\_\_\_\_ Phone Number \_\_\_\_\_

3. \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of person who pays bills \_\_\_\_\_ Phone Number \_\_\_\_\_

**Name of Bank** \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Account # \_\_\_\_\_ Fax Number \_\_\_\_\_

**Reference** \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Number of Years in Business \_\_\_\_\_ Type of Business \_\_\_\_\_

By my signature, I authorize all vendors, banks and any other credit agency to release credit information to Agri Sales Inc. A carbon, fax, or photocopy of this release form shall carry the same force as the original.

\_\_\_\_\_  
\_\_\_\_\_

Signature & Title