



APPLICATION FOR CREDIT AND AGREEMENT TO PAY

201 EAST STREET, WOODLAND, CA 95776
Office: (530) 662-5442 Fax: 530-207-5550

Grow West Location:	Sales Rep Name:
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Applicant Information

Applicant:	Years In Business:
Trade Name (DBA):	Office Phone:
Mailing Address:	Mobile:
Physical Address:	Email:
Bus. Tax ID#: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	State of Formation :

Principals Names	Home Address (No P.O. Boxes)	Soc Sec #s (Required)

Bank Reference

Bank Name: _____ Phone: _____ Account Number: _____
 Do you have crop financing? Yes No Bank Name (if different): _____ Loan Amount: _____
 Loan Officer: _____ Email: _____ Phone: _____

Credit Information

Current or Last Supplier (Important):
 Name: _____ Phone: _____ Fax: _____ Email: _____

Additional Suppliers (Largest):
 Name: _____ Phone: _____ Fax: _____ Email: _____
 Name: _____ Phone: _____ Fax: _____ Email: _____

Farming Information (If applicable)

Crops	Acres Owned	Acres Rented/Leased	Contract With

Do You Have Crop Insurance? Yes No

Crop	Crop Insurer Name	Coverage %	Price Election %	Price Election %

Additional Information

Credit Requested:	Est. of High Credit:	Est. Annual Purchases:
Purchase Orders Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	A/P Contact:	If you are sales tax exempt, please provide documentation: Sellers Permit & Resale Certificate or Partial Exemption Form.
A/P Phone & Email:		

