

**Simplot AB Retail Inc. dba Simplot Partners – Credit Department**

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**APPLICATION FOR CREDIT**

COMPANY NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_

SOLE OWNER      PARTNERSHIP      CORPORATION      FEDERAL TAX NUMBER: \_\_\_\_\_

**\*\*\*\*Sole Owner & Partnership entities require a completed CREDIT REPORT AUTHORIZATION form with application\*\*\*\***

SALES TAX EXEMPTION NUMBER: \_\_\_\_\_ (EXEMPTION CERTIFICATE REQUIRED)

IF A SUBSIDIARY, NAME & ADDRESS OF PARENT COMPANY: \_\_\_\_\_

**OWNERS AND OFFICERS**

PRESIDENT: \_\_\_\_\_ VICE-PRESIDENT: \_\_\_\_\_

SECRETARY: \_\_\_\_\_ TREASURER: \_\_\_\_\_

**BANK & TRADE REFERENCES**

BANK NAME: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE & ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

MORTGAGE HOLDER: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE & ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

FERTILIZER / CHEMICAL SUPPLIER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

SEED SUPPLIER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TRADE REFERENCE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**TERMS AND DISCLOSURE**

I agree and understand that a service charge of 1.5% per month, but not to exceed the lawful maximum, will be charged on any past due balance. I agree and understand that in the event these amounts are not paid in full within one month from the date on which the same become due, Simplot AB Retail, Inc. (Simplot) may assign the same for collection. I agree to pay all costs including reasonable attorney's fees necessary to collect the same. I acknowledge and agree that any transactions between Simplot and me will be governed by and construed in accordance with the substantive laws of the State of Idaho. I agree that any legal proceedings arising from these transactions shall be maintained in the courts of the Fourth Judicial District of the State of Idaho. I consent to the jurisdiction of these courts.

Notwithstanding anything to the contrary, Simplot may at any time in its sole discretion, without notice or demand, refuse to ship or deliver products to any customer. Simplot may declare the entire balance of an account immediately due and payable if such account becomes past due. Further, Simplot may require any customer to pay cash in advance or may deny further credit for product if a condition occurs which in Simplot's opinion could affect any customer's ability to meet payment obligations. There are no warranties that extend beyond the description of the face of the product label and Simplot makes no warranty, express or implied, as to the merchantability of the products.

I guarantee the above information is true and accurate to the best of my knowledge and belief. I further authorize my creditors listed above to disclose to Simplot any and all information they may have gathered or constructed concerning my financial position and dealings, including cash flow budgets, financial statements, payment history, credit ratings, etc.

DATE: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

Printed Name: \_\_\_\_\_



**SIMPLOT PARTNERS  
CREDIT APPLICATION / CUSTOMER INFORMATION**

Please take a few moments to answer the questions below to help us ensure proper billing for our products and services.

**THIS FORM MUST ACCOMPANY CREDIT APPLICATION.**

Entity Name: \_\_\_\_\_ **County:** \_\_\_\_\_

Shipping Address: \_\_\_\_\_

<b>Type of Entity:</b>	Golf Course	Municipality	LCO
Nursery	Greenhouse	Dealer	Other _____

The Best Person to Contact in **ACCOUNTS PAYABLE** is:

FULL NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY WEBSITE: \_\_\_\_\_

Name and Phone Number of **Buyer/Sales** contact is:

FULL NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Are Purchase Order #'s Required on Invoice?                      Yes                      No

In order to purchase restricted use products the following information must be supplied:  
**(Attach copy of certificate)**

<u>State Pesticide License Number(s)</u>	<u>Licensee Name(s)</u>	<u>Expiration Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>To be completed by Sales:</b>		
Salesperson: _____	Salesperson #: _____	Warehouse Location: _____
New Customer:            Yes            No	Account Number: _____	
Credit Limit Requested: \$ _____	Existing Credit Limit: \$ _____	
Order Pending:            Yes            No		
If yes, Amount: \$ _____		

# AUTHORIZATION TO OBTAIN PERSONAL CREDIT REPORT

**Applicant Name:** \_\_\_\_\_

Principal's Name: \_\_\_\_\_

Principal's Social Security #: \_\_\_\_\_

Principal's Address: \_\_\_\_\_  
Street Address (Residence) \*\*No P. O. Box\*\*

\_\_\_\_\_  
City State Zip

The signatory below (Principal) authorizes Simplot to obtain a personal credit bureau report to use for the sole purpose of evaluating my application for credit with Simplot AB Retail, Inc. or any of its affiliates.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Name: \_\_\_\_\_

