



NEW ACCOUNT CREDIT APPLICATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE () _____ **FAX ()** _____

TYPE OF BUSINESS **RETAILER** **DISTRIBUTOR** **OTHER**

TYPE OF PRODUCTS OR SERVICES _____

TAX ID# _____ **DATE ESTABLISHED/INCORPORATED** _____

BANK _____ **ACCOUNT NUMBER** _____

ADDRESS _____ **PHONE ()** _____

REFERENCES (Please provide 3 Trade references including phone numbers)

COMPANY	CONTACT	PHONE	ACCOUNT NUMBER
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1. _____

2. _____

3. _____

We certify that all information on this form is correct. We agree to pay promptly (Net Terms 30 Days). In the event of non-payment, the undersigned hereby agrees to pay in addition to the principal amount due, all collection charges, incurred by seller, including charges made by a collection agent. We also give permission to check with given references.

SIGNED _____ **DATE** _____

TITLE _____

**please attach financials if available * fax or mail to attn: Tom Miller or via email: tom@ecoturfmidwest.com*