



Outfitting Your Lifestyle

BUSINESS APPLICATION FOR CREDIT

(Not For Individual Use)

NAME OF COMPANY OR ORGANIZATION _____
STREET _____ CITY _____
STATE _____ ZIP _____ PHONE _____ FAX _____
E-MAIL ADDRESS _____

IF YOU ARE CLAIMING SALES TAX OR RESALE EXEMPTION, A COPY OF YOUR STATE ISSUED EXEMPTION CERTIFICATE MUST ACCOMPANY THIS CREDIT APPLICATION

BUSINESS OPERATES AS: CORPORATION ___ PARTNERSHIP ___ PROPRIETORSHIP ___ NON PROFIT ___
GOVERNMENT ___ RESALE ___

IN BUSINESS SINCE: _____ TYPE OF BUSINESS _____

CONTACT PERSON _____

IF INCORPORATED NAME OF: PRESIDENT _____
VICE PRESIDENT _____ SECRETARY _____

IF PARTNERSHIP, NAME OF PARTNERS: _____

BANK REFERENCE _____ STREET _____ CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____
BUSINESS REFERENCE _____ STREET _____ CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____
BUSINESS REFERENCE _____ STREET _____ CITY _____ STATE _____ ZIP _____ PHONE# _____ FAX# _____

PERSONS AUTHORIZED TO CHARGE ON YOUR ACCOUNT:

**FOR USE AT: (Circle One) QUINCY – JACKSONVILLE – JERSEYVILLE – PITTSFIELD – HANNIBAL – SPRINGFIELD EAST – KEOKUK
ALTON – SPRINGFIELD WEST— HAVANA — HIGH RIDGE — COTTLEVILLE— FORT MADISON**

AMOUNT OF CREDIT REQUESTED _____

Applicant agrees to pay reasonable Attorney fees, collection fees, finance charges, and court costs in the event applicant defaults on its payment on this account. NOTICE: Finance charge of 1½ % per month on all delinquent accounts over 30 days. Delinquent accounts may be suspended, closed, or have legal action taken.

Account balances are due by the 10th of each month following statements.

Please return the application to any cashier or mail, fax, email to:

Attn: Accounts Receivable.	Phone: 217-223-6970
Farm & Home Supply Co.	Fax: 217-223-1611
PO Box 3745	email: receivables@farmandhomesupply.com
Quincy, IL 62305-3745	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions and or business references listed in the credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

SIGNATURE: _____ DATE: _____