

Simplot Partners – Credit Department

A division of the J.R. Simplot Company

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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, the J.R. Simplot Company (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: _____

Type of Entity:	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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

To be completed by Sales:

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 J. R. Simplot Company, Inc. or any of its affiliates.

SIGNED: _____

DATE: _____

Printed Name: _____

