



Application For Credit (email completed application to **info@agridrain.com**)

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Email: _____

Website: _____ Years in Business: _____

Business Type (check one)

☐ Proprietorship

☐ Partnership

☐ Corporation

Federal Tax ID No. _____

Tax Exemption Information - Attach a valid Sales Tax Resale Certificate or Exemption Certificate, if applicable. If no tax certificate is submitted, taxes will be charged.

Type of Exemption: ☐ Resale ☐ Farm / Ag ☐ Govt ☐ Other

Certificate Number: _____ State of Issuance: _____

Bank References

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Email: _____



Trade References

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Email: _____

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Email: _____

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Ph: _____ Email: _____

Unless otherwise specified, payment in full is due thirty (30) days from the date of the invoice. Failure to remit full payment of the amount invoiced within the aforementioned thirty (30) days shall result in an interest charge for late payment at the rate of eighteen percent (18%) per annum on all invoiced amounts past due.

In the event either party files suit to enforce the terms of this sales order, the prevailing party shall be awarded, in addition to any other remedy, its court costs and attorney fees at the trial court and on appeal, if any.

The terms and conditions of this document constitute the entire contract between the Buyer and Seller, and no change or waiver of any such terms shall be effective unless expressly stated in writing and signed by an officer of the Seller.

Agreement Accepted For: _____

Authorized Signature, Title, Date: _____ / _____ / _____