



609 Franklin Avenue. Sunnyside, WA 98944
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Email: ahlabs@aghealthlabs.com

CREDIT APPLICATION FORM

Applicant Name: _____
Business Name: _____
Mailing Address: _____
Shipping Address: _____
Phone: _____ Fax: _____
Email: _____
Type of Business: _____ How Long in Business: _____

Corporation Partnership Proprietorship Individual
Tax Registration #: _____

References

We need address, phone, email or fax to process requests.

Bank: _____
Address: _____
Phone: _____ Fax / Email: _____

Trade: _____
Address: _____
Phone: _____ Fax / Email: _____

Trade: _____
Address: _____
Phone: _____ Fax / Email: _____

Terms: *An open account with Ag Health Laboratories, Inc. is requested and if granted, all invoices will be paid within terms given. We certify that all the information is correct. We agree with your credit terms and likewise agree to the proper payment in consideration of extended credit. If collection is necessary, we understand that in addition to our debt and finance charges, we are also responsible for collection fees. It is agreed that Ag Health Laboratories, Inc. may contact the references listed above for information required.*

Date: _____
Signature: _____ Title: _____