

Ag Health Laboratories, Inc.

445 Barnard Boulevard

Sunnyside, WA 98944

Tel: (509) 836-2020

Fax: (509) 836-2030

CREDIT APPLICATION FORM

Applicant Name: _____

Mailing Address: _____

Shipping Address: _____

Phone: _____ Fax: _____

Type of Business: _____ How Long in Business: _____

____ Corporation ____ Partnership ____ Proprietorship ____ Individual

Tax Registration #: _____

References

We need address, phone, and fax to process requests.

Bank: _____

Address: _____

Phone: _____ Fax: _____

Trade: _____

Address: _____

Phone: _____ Fax: _____

Trade: _____

Address: _____

Phone: _____ Fax: _____

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: _____