

CERTIFIED DEF BUSINESS CREDIT APPLICATION

50 West North Main Street
Brigham City, UT 84302
Office 435-723-5225
Fax 435-538-5262

Name/ Address

Contact Name:		Title:	
Name of Business:		Tax ID#:	
Physical Address:	Qty:	State:	Zip:
Mailing Address:	Qty:	State:	Zip:
Phone:	Fax:	Email:	

Company Information

Type of Business:	In Business Since:	D&B Rating
Legal Form Under Which Business Operates:	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
Name of Person Responsible for Business Transactions:		Title:
Address:	Qty:	State: Zip:
A/P Contact	Phone:	Email:
PO Required?	Sales Tax Exemption Number (Copy of Exemption Certificate must be attached)	

Bank Reference

Institution Name:	Phone #:
Branch Location:	Contact:
Address:	Qty: State: Zip:
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Trade References

Company Name:	Company Name:	Company Name:
Contact Person:	Contact Person:	Contact Person:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

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

CREDIT AGREEMENT: Terms, NET 10 DAYS Finance charge after due date at a rate of 18% per annum on the unpaid balance.

NOTE Rail Terms, Urea Prill - NET 30 DAYS from Origin Ship Date.

Signature _____

Date _____