



PO Box 9168 Searcy, AR 72145 -(501)268-7036, FAX (501)268-0606

**General Information:**

Please Check One:  Individual  Partnership  Corporation  
Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

**Sales Tax:**

Tax Rate: \_\_\_\_\_ Tax Exempt#(attach a copy) \_\_\_\_\_

**Billing Address:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
Accounts Payable Manager: \_\_\_\_\_

**Shipping Address:**

Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
County: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Superintendent: \_\_\_\_\_

**Restricted Use Pesticide License Information: (attach a copy)**

Licensee Name: \_\_\_\_\_  
License Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

**If Corporation:**

Corporation Number: \_\_\_\_\_  
State of Incorporation: \_\_\_\_\_ ID Number \_\_\_\_\_  
Principal Shareholder: \_\_\_\_\_

**Name of Owners or Officers:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Bank Reference:**

Bank Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Trade References:**

Name: \_\_\_\_\_ Account# \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Account# \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Account # \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

By signature I certify to the best of my knowledge, the accuracy of the information provided herein and agree to notify AGRA TURF, INC. of any changes in this information.  
 I understand that AGRA TURF, INC. retains title to the merchandise until fully paid for.  
 I further understand that payment is due 30 days from the date of our invoice and that failure to pay on time may result in the suspension of credit.  
 Buyer shall pay all costs, charges and expenses including court and reasonable attorneys fees incurred to recover delinquent charges.  
 AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

**Individual Personal Guaranty**

I, \_\_\_\_\_ residing at \_\_\_\_\_  
 for and in consideration of extending credit at my request to \_\_\_\_\_  
 (hereafter referred to as the "Company") of which I am \_\_\_\_\_ hereby guarantee to AGRA TURF, INC., payment of any obligation to the company  
 and I hereby bind myself to pay you on demand any sum which may become due to you by the company, whenever the company shall fail to pay same.  
 It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company.  
 I do hereby waive notice of default, non-payment and notice thereof and consent to any modifications or renewal of the credit agreement hereby guaranteed.

Signature: \_\_\_\_\_