



CORPORATION

160 West Hintz Road, Wheeling, Illinois 60090
P: 847-520-4455

F: 847-520-4970

60 Chapin Road, PO Box 669, Pine Brook, NJ 07058
P: 973-244-0005
F: 973-244-0091

CREDIT APPLICATION

Please fill out the information below and return it as soon as possible in order for us to have complete and accurate information in your file. Thank you for taking the time to help us serve you better.

CUSTOMER INFORMATION

Customer Name: Phone No:
Address 1: Fax No.:
Address 2: Cell No:
City: State: Zip:
Email Address: Website Address:
Contact Person: Owner:
TAX STATUS: Taxable Resale Government TAX ID NUMBER
(if your tax status is other than taxable, please include a tax exempt form.)

BANK REFERENCE

Banking Institution: City: State:
Contact Person: Phone #: Fax#

CREDIT REFERENCES

(List Below or Attach Your Reference Sheet)

1) Company: Contact Person: Address: Phone # FAX # Account #
2) Company: Contact Person: Address: Phone # FAX# Account #
3) Company: Contact Person: Address: Phone # FAX # Account #
4) Company: Contact Person: Address: Phone # FAX# Account #

TERMS OF SALE

If credit is granted, I/We understand that the terms of the sales are NET 30 DAYS from date of invoice. AGSCO Corporation may charge interest on any past due balance at the maximum rate allowed by law with said interest being calculated from the date of default. In consideration of AGSCO Corporation extending credit to the above business, I/We do hereby agree jointly and individually, to pay for all goods, wares and merchandise supplied to me or to any of us or the above business. In the event that the account is placed with a third party for collection, I/We agree to pay all costs including reasonable attorney fees, court costs and finance charges.

Signature: Date:

Officer Signature (If Corp.) Date: