1515 Aurora Dr, Suite 103b, San Leandro CA, 94577, 1-800-504-5699, www.1stchoicefertilizer.com

APPLICATION FOR BUSINESS ACCOUNT

Primary Contact & Company Information

Last:	First:		Middle Initial:	Title
Name of Business:				Sellers Permit Number:
Address:				
City:	State:	ZIP:		Phone:

Business Billing Credit Information

Type of Business:		lr			n Business Since:		
Legal Form Under Which Business Operates:							
		Corporati	on 🗌	Partnersh	ip 🗌	Proprietorship	
If Division/Subsidiary, Name of Parent Company:		In Business Since:					
Billing Address:							
City:	State:	ZIP:	Phone:				
Name of Company Pr	incipal Responsible	for Busines	s Transactions:	Title:			
Address:	City:		State:	ZIP:	Phone:		

Types of Accounts

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
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:

- 1. All invoices are to be pre-paid, unless a credit account with 1st Choice Fertilizer, Inc. has been established.
- 2. Claims arising from invoices must be made within seven working days.
- 3. All invoices payable within 30days and failure will attract a minimum interest rate of 2% per month
- 4. By submitting this application, you authorize 1st Choice Fertilizer, Inc. to make Inquiries into the banking and Business/trade references that you have supplied.

Customer Signature

Date

1 st Choice Fertilizer Signature

Date