



3) Business Name: \_\_\_\_\_

Phone: ( \_\_\_ ) \_\_\_ - \_\_\_ Fax **(Required)**: ( \_\_\_ ) \_\_\_ - \_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ :State: \_\_\_ Zip \_\_\_\_\_

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**Bank (primary):** \_\_\_\_\_

Phone: ( \_\_\_ ) \_\_\_ - \_\_\_ Fax **(Required)**: ( \_\_\_ ) \_\_\_ - \_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ :State: \_\_\_ Zip \_\_\_\_\_

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I hereby authorize references and any credit reporting agency to disclose to Agrex, Inc., all relevant credit and financial information concerning the above named business. I hereby authorize Agrex, Inc., to obtain consumer credit reports for evaluation in establishing and the continuation of business credit. The information is given in confidence and will be used in accordance with the Federal Fair Credit Reporting Act, exclusively by Agrex, Inc., in the administration of my account. All decisions with respect to the extension or continuation of credit shall be at the sole discretion of Agrex, Inc. As a legal representative of the above company, I believe that the company is financially able to meet its commitments and will pay all invoices according to agreed terms. The company listed above agrees to pay a monthly service charge on any past due balance, at a rate not to exceed the maximum rate permitted under applicable law, and all expenses of collection that are incurred, including reasonable attorney fees, at the sole discretion of Agrex, Inc.

*Financial statements are hereby requested for credit line request for \$100,000 and over*

Company Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Please fax or email completed application to: **913-851-6267** (dedicated fax number)  
[gstephens@agrexinc.com](mailto:gstephens@agrexinc.com)  
Agrex, Inc.  
Overland Park, KS