



8205 W. 108th Terrace, Suite 200
 Overland Park, KS 66210
 Office: 913-851-6367 Fax: 913-851-6267

CREDIT APPLICATION/AGREEMENT

CUSTOMER INFORMATION

Legal Business Name	_____	Telephone	_____
DBA Trade Name	_____	Fax	_____
Street Address	_____	Website	_____
City/State/Postal Code	_____	Business Type	_____
Nature of Business	_____	Federal Tax I.D. No.	_____
Owner's or Officer's	_____	DUNS #	_____
	_____	Year Established	_____
Corporate Parent	_____	Federal Tax I.D. No.	_____
Street Address	_____	DUNS #	_____
City/State/Postal Code	_____		

BANK INFORMATION

Bank (primary)	_____	Contact	_____
Account Number	_____	Telephone	_____
Address	_____	Fax (required)	_____
City/State/Postal Code	_____		

TRADE REFERENCES (Standard form is acceptable)

Company Name	_____	Contact	_____
Address	_____	Telephone	_____
City/State/Postal Code	_____	Fax (required)	_____
Company Name	_____	Contact	_____
Address	_____	Telephone	_____
City/State/Postal Code	_____	Fax (required)	_____
Company Name	_____	Contact	_____
Address	_____	Telephone	_____
City/State/Postal Code	_____	Fax (required)	_____

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 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. In absence of signature below, sender confirms to be legally authorized, accepts terms and is acting on behalf of above named company.

Please include a current annual report or financial statements.

Company Name: _____

Print Name: _____

Authorized Signature: _____ **Date:** _____

Please fax completed credit agreement to **913-851-6267** or email to credit@agrexinc.com