



CREDIT APPLICATION

500 Running Pump Road
PO Box 6277
Lancaster, PA 17601
717-299-2541 (Phone)
800-745-7524 (Toll free)
717-293-9306 (Fax)
ron@kirbyagri.com

Thank you for your interest in KIRBY AGRI, INC products. Please complete this application in its entirety. The more accurate and thorough the information, the faster we can act on your application.

PLEASE PRINT OR TYPE

NAME: _____

PHYSICAL ADDRESS: _____
Street Address City State Zip

MAILING ADDRESS: _____
Street Address City State Zip

COUNTY: _____ TELEPHONE: () _____ FAX: () _____

TYPE OF BUSINESS (check one): ___ Proprietorship ___ Partnership ___ Corporation YEARS IN BUSINESS: _____

OWNERS OR OFFICERS (If a Partnership or Corporation):

Name	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL ACRES FARMED (If applicable): _____ ACRES OWNED: _____ ACRES RENTED: _____

TRADE REFERENCES: We must have at least four (4) complete references. Do not use COD suppliers. The more accurate and thorough the information, the faster we can act on your application.

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY/STATE/ZIP: _____ CITY/STATE/ZIP: _____

FAX #: _____ ACCOUNT #: _____ FAX #: _____ ACCOUNT #: _____

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY/STATE/ZIP: _____ CITY/STATE/ZIP: _____

FAX #: _____ ACCOUNT #: _____ FAX #: _____ ACCOUNT #: _____

BANK REFERENCE(S): (Account numbers are necessary)

BANK: _____ ACCOUNT #: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

<p>TONNAGE TAX EXEMPT? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>SALES TAX EXEMPT? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you <u>ARE</u> Tax Exempt, a copy of your Tax Exemption Certificate <u>MUST</u> accompany this application.</p>

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, OR AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT), BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM A PUBLIC ASSISTANCE PROGRAM, OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHTS UNDER THE CONSUMER PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS THE FEDERAL TRADE COMMISSION, WASHINGTON, DC 20580.

In consideration of Kirby Agri, Inc. extending credit to the herein named applicant, it is hereby agreed that the terms of sale are NET 30 DAYS FROM DATE OF PURCHASE (SHIPMENT), unless otherwise indicated on the invoice. Any applicable discounts will be shown on the individual invoice, and no other discounts will be permitted. This application and the information contained herein is a request for the extension of credit for commercial business use only. The applicant authorizes Kirby Agri, Inc. or any credit reporting agency employed by them, to investigate the information listed above to determine my/our qualifications for a credit account. The applicant further authorizes any Bank or lending agency with whom he/she has done business to release any and all information to the creditor which will assist creditor in the credit investigation. Terms of sale and finance charge effective dates and rate have been disclosed to me. I understand that I will be furnished a printed copy of the complete "Disclosure Statement - Terms of Sale" and "Procedures In Case Of Errors Or Inquiry About My Account" when my account is approved. I hereby authorize finance charges of 2% PER MONTH (24% ANNUAL PERCENTAGE RATE) on any balance not paid by the Net Due Date. If any check, which is accepted by you as payment on this account, is returned unpaid by my bank for any reason, I agree to pay a fee of \$25.00 to cover the expense of reprocessing that payment. I understand that if my account is referred to an attorney, or outside agency, for collection and/or legal action, I will be charged all additional cost, including all fees and court costs. It is my intention upon opening this account that all invoices will be paid in full on or before the Net Due Date. The undersigned certifies that the information given on this application is true and correct to the best of my/our knowledge.

APPLICANT'S SIGNATURE: _____ Social Security #: _____

SPOUSE/PARTNER SIGNATURE: _____ Social Security #: _____

PARTNER SIGNATURE: _____ Social Security #: _____

- NOTE: 1) If married, both husband's AND wife's signatures required. If not, please indicate.
 2) If you operate as a proprietorship or partnership, ALL partners and spouses MUST sign the application.
 3) SOCIAL SECURITY NUMBERS ARE REQUIRED, unless you are a Corporation. If none, please indicate.

<u>OFFICE USE ONLY</u>			
APPROVED \$: _____	_____	_____	_____
DATE: _____	Salesman	Territory	Date
BY: _____			
NOTIFIED: _____			