



PO Box 245 – 411 Atlantic Ave
Argyle, MN 56713-0245
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CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:		A/P Contact:	
Phone:	Fax:	E-mail:	
Registered company address:			
Ship to address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	State:	ZIP Code:
How long at current address?		
Telephone:	Fax:	E-mail:
Bank name:		Contact Person:
Bank address:		Phone:
City:	State:	ZIP Code:
Type of account	Account number	
Savings		
Checking		
Other		

BUSINESS/TRADE REFERENCES

Company name:		Contact Person:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact Person:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact Person:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Rivard's Turf & Forage Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Date:	Title:	Date:
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