



CREDIT APPLICATION

Email to: sales@agonow.com

Business Name: _____

Bill To: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____ Contact/Email: _____

Ship To: _____ City/State: _____ Zip: _____

Phone: _____ Contact/Email: _____

Year Established: _____ Corporation Partnership Proprietorship LLC

Partners or Officers Name Title Address City State Telephone

1. _____

2. _____

Bank Reference: Address Telephone Fax

Account Number Contact

D & B # (if applicable) : _____ Credit Limit Requested \$ _____

Trade References: Account # Telephone Fax

1. _____

2. _____

3. _____

AgoNow, LLC. does not sell to end users. Consequently, a Blanket Certificate of Resale accompanies this application. This application must be signed by an officer or principal of the company in order to be processed. By your signature below, you grant us permission to verify the information with the references listed. Additionally, this acknowledges acceptance of AgoNow's TERMS AND CONDITIONS.

SIGNATURE: _____ PRINTED NAME: _____

TITLE: _____ DATE: _____