



GrowTech Solutions

202 Briarwood Ln.
Rogersville, MO 65742

CREDIT APPLICATION

Failure to complete all items may result in delay and/or inconvenience.

Customer Information (Must be filled out completely.)		
Legal Business Name:	State & Year of Origin:	
Doing Business As:	Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	
Address:	Federal Tax ID #:	
City/State/Zip:	<input type="checkbox"/> Taxable <input type="checkbox"/> Tax Exempt (If exempt, you MUST attach Exemption Certificate)	
Phone:	Fax:	Email:
Shipping Address:	City/State/Zip:	

Supplier References (May attach standard form.)		
Business Name: _____	Phone: _____	Fax: _____
Address: _____	Email: _____	
City/State/Zip: _____	Contact: _____	
Business Name: _____	Phone: _____	Fax: _____
Address: _____	Email: _____	
City/State/Zip: _____	Contact: _____	
Business Name: _____	Phone: _____	Fax: _____
Address: _____	Fax: _____	Email: _____
City/State/Zip: _____	Contact: _____	

Bank Reference (May attach standard form.)		
Bank Name: _____	Phone: _____	Fax: _____
Address: _____	Email: _____	
City/State/Zip: _____	Account Number: _____	

The Applicant hereby authorizes the Bank to release to GrowTech Solutions LLC all information requested. All information will be kept confidential.

Authorized Signature _____ Printed Title: _____ Date: _____

In consideration of credit extended to the Applicant, the Applicant hereby agrees to the following terms and conditions:

PAYMENT TERMS	PAYMENT TERMS ARE NET 20 DAYS FROM THE DATE OF THE INVOICE UNLESS OTHERWISE PRE-ARRANGED. WE ALLOW 10 DAYS GRACE FOR MAILING TIME. IF YOUR PAYMENT IS NOT RECEIVED AT OUR OFFICE WITHIN 30 DAYS, YOUR ACCOUNT WILL AUTOMATICALLY BE
RETURN POLICY	The Applicant will be responsible for payment for products not returned. Return of product must be pre-approved.
COLLECTION	In the event any account is placed with a collection agency, an attorney for collection, or through other legal procedures, Applicant agrees to pay actual collection or attorney's fees, including accrued interest.

The Applicant hereby certifies that all statements and representations on this application are true and correct and that he / she has read and understands the above terms and conditions and agrees to be bound by them:

Authorized Signature: _____ Printed name: _____ Title: _____ Date: _____

RETURN COMPLETED
APPLICATION TO:
GrowTech Solutions, LLC
Credit Manager
202 Briarwood Ln.
Rogersville, MO 65742

GrowTech Solutions, LLC Fed Tax ID #:65-1196138
You can fax your application to us at: **775-251-6492**