

SELECT SPRAYERS LLC
4319 IMPERIAL AVE
KEARNEY, NE. 68847
PH. 888-446-4876*FAX 308-338-0166
www.selectsprayers.com

CONFIDENTIAL APPLICATION FOR CREDIT (Please Print)

Contact or Individuals Name _____

Farm or Business Name _____

Individual's Social Security Number or Business I.D. Number _____

Postal Address Street _____ City _____

County _____ State _____ Zip _____

Delivery Address (Other than Box or RR#) _____

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____

Fax # _____ E-mail _____

Year Business started _____ Amount of Credit Desired _____

Type of Business _____ Sole Owner _____ Formal Partnership _____ Corporation _____

If Partnership or Corporation, please list Partners or Principle Stockholders

Name	Address	Social Security #
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Name	Address	Social Security #
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Credit References

Primary Lender: _____

Bank or PCA Name _____ Address _____

 Contact Person _____ Phone# _____ Fax # _____

Other Lender: _____

Or Supplier Name _____ Address _____

 Contact Person _____ Address _____

Supplier: _____

 Name _____ Address _____

 Contact Person _____ Address _____

This contract is given for the sole purpose of establishing credit with Select Sprayers LLC. I/We authorize our creditors and other parties given above, to release information to representatives of Select Sprayers LLC. I/We agree to pay all invoices in accordance with the terms of the sale shown on such invoices and statements provided. I/We agree to pay interest charges on all balances and /or amounts that are past due as set by Select Sprayers at the legal rate allowed by law. I/We also agree to pay all collection cost including but not limited to attorney fees and court cost, incurred by Select Sprayers LLC to collect monies owed.

Signature _____ Date _____