**APPLICATION FOR CREDIT**

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| **Company Information:** |
| Company Name: |
| Address: |
| City, State, ZIP: |
| Phone: Fax: |
| Federal Tax ID: |
| DBA Name, if any: Parent Company Name, if any: |
| Parent Company Address: |
| Company Owners and Officers: |
| 1. Address:  |
| 2. Address: |
| 3. Address:  |
| Organization Type: Corporation Partnership Sole Proprietorship |
| Type of Business: Years in Business: |
| Revenues, current year: Net Income, current year: |
| Revenues, last year: Net Income, last year: |
| Estimated Purchase Volume, first year:  |
| Requested Credit Limit: |
| **Bank Reference:** |
| Bank Name: Contact Name: |
| Address: Email Address: |
| Phone: Fax: |
| **Trade Credit Reference:** |
| 1 - Vendor Name: Contact Name: |
| Address: Email Address: |
| Phone: Fax: |
| 2 - Vendor Name: Contact Name: |
| Address: Email Address: |
| Phone: Fax: |
| 3 - Vendor Name: Contact Name: |
| Address: Email Address: |
| Phone: Fax: |

I (We), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize AgBagsUSA, LLC, or as their agent, United National Bank, to make credit inquiries for the purpose of establishing an open account. I further acknowledge that any credit privileges may be withdrawn or changed at any time. I certify that the information provided above is true and correct to the best of my knowledge. If credit is granted by AgBagsUSA, LLC, the undersigned agrees to pay all obligations when due and personally guarantees payment including collection fees, court costs and attorney fees if the account is placed in collections for non-payment.

Signature of Owner/ Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner/ Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_