

Business Information Update



Company Name: _____ Credit Line Requested: _____

Trade Name/DBA: _____

BILLING ADDRESS

Street: _____ PO Box: _____

City: _____ State: _____ Zip: _____

AP Contact: _____ Title: _____ Phone: _____

Fax: _____ Email: _____

SHIPPING INFORMATION *(If more than one ship-to address, please attach additional pages with information)*

Street: _____ Is this a residential address? Yes No

City: _____ State: _____ County: _____ Zip: _____

Purchasing Contact: _____ Title: _____ Phone: _____

Email: _____

ORGANIZATION INFORMATION

LEGAL STATUS: Proprietorship Partnership Corporation - *State of Incorporation* _____

Other *Please describe-* _____

Date Business Began: _____ Federal I.D. #: _____ DUNS#: _____

Do you require Purchase Orders for all orders? Yes No *Special instructions:* _____

Drivers Lic #: _____ *(Please provide a copy for our records)*

Pesticide Applicator Lic #: _____ State: _____ Expiration Date: _____

Certificate Category (s): _____ *(Please provide copy of appropriate certificate)*

Liability Insurance Company Name: _____ Policy #: _____

Are you exempt from sales tax? Yes No *(If yes, please provide copy of appropriate certificate)*

Tax Exemption #: _____ Resale #: _____

Chief Executive Officer: _____ Chief Financial Officer: _____

WEBSITE ACCOUNT ACCESS

Requested User ID: _____ Requested Password: _____

Email - email you wish associated with website login *(Required for website setup):* _____