

**Big Valley Sod Farms Inc**  
**425 NE Ellicott Rd Calhan, CO 80808**  
**719 683-2599 OR 1-800-801-7905 (Fax: 719 683-4727)**

Date: \_\_\_\_\_

**CREDIT APPLICATION**

The following statement is for the purpose of obtaining credit with Big Valley Sod Farms Inc. The undersigned expressly guarantees that the person(s) or business applying for such credit is solvent and has the ability to pay the charges intended by the applicant.

Trade Name/Legal Business Name: \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Organizational Structure:

- Corporation, Date of incorporation \_\_\_\_\_ State of incorporation \_\_\_\_\_
- Partnership
- Individual/Sole Proprietor
- Government/Non Profit

Tax ID Number: \_\_\_\_\_

How long has this business been established: \_\_\_\_\_

**PRINCIPALS:**

1. Name \_\_\_\_\_ Position \_\_\_\_\_

2. Name \_\_\_\_\_ Position \_\_\_\_\_

3. Name \_\_\_\_\_ Position \_\_\_\_\_

**NOTE:** Big Valley Sod Farms Inc is specifically relying on the credit worthiness of all the individuals listed above; if there are any changes in the status of these three individuals it will only be effective for charges incurred after the date written notice is received by Big Valley Sod Farms Inc.

Bank: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking Account No. \_\_\_\_\_

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**TRADE REFERENCES**

Name \_\_\_\_\_ Date Opened: \_\_\_\_\_  
Address \_\_\_\_\_ Last Sale Date: \_\_\_\_\_  
Manner of Payment: \_\_\_\_\_ Past Due Amt: \_\_\_\_\_

Name \_\_\_\_\_ Date Opened: \_\_\_\_\_  
Address \_\_\_\_\_ Last Sale Date: \_\_\_\_\_  
Manner of Payment: \_\_\_\_\_ Past Due Amt: \_\_\_\_\_

Name \_\_\_\_\_ Date Opened: \_\_\_\_\_  
Address \_\_\_\_\_ Last Sale Date: \_\_\_\_\_  
Manner of Payment: \_\_\_\_\_ Past Due Amt: \_\_\_\_\_

**PERSONS AUTHORIZED TO CHARGE**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**NOTE:** Charges will be accepted only from the above listed person (s); any change in authorized agents must be submitted in writing.

Will a Purchase Order be issued for each job? \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_

Are you tax exempt? \_\_\_\_\_ if yes, please send a tax exemption certificate. Tax will be accessed until this document is received.

All accounts are due and are to be paid in full by the 10<sup>th</sup> of the month following date of purchase. Accounts not paid in accordance with these terms will be subject to closing and a **FINANCE CHARGE OF 2%, WHICH IS AN ANNUAL PERCENTAGE RATE OF 24%** will be charged to the average daily balance, if any, each month. The undersigned further agrees that if he/she defaults in performance of any of the terms of this agreement and if Big Valley Sod Farms Inc retains the services of an attorney to enforce said terms, the undersigned, in addition to any other monies he may owe agrees to pay 15% of amount owed as attorney's fees incurred by Big Valley Sod Farms Inc in enforcing its rights under this agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

