



BOX 370
 BALMORAL, MB ROC OHO
 TELEPHONE: 1-855-843-4222
 E-MAIL: ACCOUNTS@LACHSODFARMS.CA

CONFIDENTIAL CREDIT APPLICATION

Name/Address

Last:	First:	Middle Initial:	PST # (If Exempt):
Name of Business:			GST #:
Address:			
City:	Prov:	ZIP:	Phone:

Company Information

Type of Business:		In Business Since:	
Legal Form Under Which Business Operates:			Expected Annual Sod Volume:
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Name of Company Principal Responsible for Business Transactions:		Title:	
Address:	City:	Prov:	ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:		Title:	
Address:	City:	Prov:	ZIP: Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Credit Agreement: I hereby authorize Lach Sod Farms to obtain information concerning my credit from the above references. I also agree that all invoices are to be paid within 30 days of delivery or pick-up, and that failure to do so may result in the withdrawal of credit privileges. I also understand that a 1.5% interest charge will be applied on any balances 30 days overdue

Signature

Date

