



SMITH TURF & IRRIGATION



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Phone (704) 393-8873 Fax (704) 395-3307
www.smithturf.com

CHARGE ACCOUNT INFORMATION

This application is for the purpose of paying for purchases once a month, on account. It is not a credit account. Please provide all information requested. **Any omissions could delay approval.** Please print legibly

Account Name _____

Billing Address _____

City _____ State _____ Zip _____ Credit Limit Requested \$ _____ COD/ Cash _____

Ship To Name _____

Shipping Address _____ City _____ State _____ Zip _____

Telephone: Business () _____ Home () _____
Fax () _____ Mobile () _____

E-mail Address: _____ Years in Business _____ PO Required Y ___ N ___

Type of Business: Res/ ComIrrigation Contractor ___ Golf Course ___ School ___ Farm ___ Dealer ___
Lawn Maintenance ___ Golf Irrigation Contractor ___ Distributor ___ Other ___

Ownership: Corporation(list state) _____ Partnership ___ Individual ___ LLC ___

Corporate Owners & Officers: (please print)

Name & Title _____ Address _____

Name & Title _____ Address _____

If Partnership or LLC, list members: _____

Federal EIN or SS # _____

Contact for Sales/ Purchasing _____ Contact for Accounts Payable _____
Telephone () _____ Telephone () _____

Choose your preferred method of receiving invoices and statements:

E-Mail (list address) _____ Fax _____ US Mail _____

If a tax exempt certificate is not attached, sales tax will be charged.

Reference Information

Bank Name & Address:

Name _____	Address- Street _____
City _____	State _____ Zip _____
Phone (____) _____	Contact Name _____
Type of Account _____	Account # _____

*Please provide supplier references only if you are requesting a credit limit. COD, cash, and credit card accounts need not complete this section. Credit card customers please enter card information at the bottom of this page.

Major Suppliers:

1.
Supplier Name _____
Address _____
City _____ St. _____ Zip _____
Telephone (____) _____ Fax _____
Acct # _____

2.
Supplier Name _____
Address _____
City _____ St. _____ Zip _____
Telephone (____) _____ Fax _____
Acct # _____

3.
Supplier Name _____
Address _____
City _____ St. _____ Zip _____
Telephone (____) _____ Fax _____
Acct # _____

4.
Supplier Name _____
Address _____
City _____ St. _____ Zip _____
Telephone (____) _____ Fax _____
Acct # _____

Please list the STI branch you will be purchasing from: _____

Would you like the option of paying with a credit card? Yes _____ No _____

If yes, please list your credit card type: Visa, American Express, etc., card number, expiration date, and billing address for card: _____

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TERMS and CONDITIONS

1. All sales in one month are due and payable on the 10th of the following unless otherwise stated.
2. All past due balances will be charged a service charge of 1½% per month or the maximum allowed; whichever is less. This service charge is not intended to be an alternative to when payment is due.
3. If any amounts are collected by or through an attorney or a collection agency, Buyer agrees to pay Seller all costs of collection, including reasonable attorney fees.
4. Buyer grants Seller a secured interest in any and all merchandise purchased from Seller until such merchandise is paid for in full.
5. If any amounts, including service charges become past due, Seller may suspend open account privileges and place the Buyer on COD.
6. All sales are net, unless otherwise stated.
7. Freight on all sales is FOB shipping point.
8. Buyer grants Seller permission to verify Buyer's credit through any source, including credit agencies, bureaus and references for the express purpose of the establishment and/or collection of this account.
9. **I have read, understand, and agree to abide by these terms. I also certify that the information contained on this application is true and accurate.**

Owner/Officer's Signature _____ **Date** _____
Print Name _____

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STI USE ONLY:

Salesman Name: _____ Territory Number: _____