



Phone: (218) 643-8401—Fax: (218) 643-1129

702 Minnesota Ave.  
Breckenridge, MN 56520

### APPLICATION FOR CREDIT

Company Name \_\_\_\_\_

Individual Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

Email (to receive invoices and statements electronically) \_\_\_\_\_

Check One: ☐ Corporation ☐ Partnership  
☐ Proprietorship ☐ Personal

If corporation or partnership, list officers

President \_\_\_\_\_

Vice President \_\_\_\_\_

Treasurer \_\_\_\_\_

An APR of 18% will be added to all amounts 30 days past due. If the total unpaid balance is received at Farm City Supply by the 27<sup>th</sup> of the month, no additional finance charges will be assessed. If you agree to these terms, sign here.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Credit References:

Bank Reference:

1. Name \_\_\_\_\_ Bank \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_

2. Name \_\_\_\_\_ Person to be contacted \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Expected average monthly charges: \_\_\_\_\_