

LaBolt Farmers Grain Co.

PO Box 91

LaBolt, SD 57246

Tel. 800-658-3692 Fax 605-623-4227

CREDIT APPLICATION FOR OPEN ACCOUNT

CUSTOMER INFORMATION

Customer/Business Name:

Phone:

Fax:

Social Security Number / TIN:

Customer address:

City:

State:

ZIP Code:

Sole proprietorship:

Partnership:

Corporation:

Other:

CREDIT INFORMATION

How long at current address?

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid the 15th of the next month following purchase.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize LaBolt Farmers Grain Co. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:

Date:

Title:

Date: