



Valley Farms Supply

16713 Industrial Parkway
Lansing MI 48906
800-227-8677
517-703-0401 (Fax)

BRANCH USE ONLY

Date _____
Branch _____
Sales Rep _____
Price Type _____
Req. Terms _____
Mgr. Appr. _____

ACCOUNT APPLICATION / CREDIT POLICY & AGREEMENT

COMPANY NAME		DATE
MAILING ADDRESS		COUNTY
CITY	STATE	ZIP
SHIPPING ADDRESS		COUNTY
CITY	STATE	ZIP
PHONE: OFFICE	OWNER EMAIL	OWNER CELL
AP CONTACT NAME	AP EMAIL	AP CELL
INVOICES EMAILED? YES/NO EMAIL: _____		STATEMENTS EMAILED? YES/NO EMAIL: _____
OWNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GOVERNMENT		
Federal Tax ID # (Business ID) _____		Business/Contractor License # _____
<input type="checkbox"/> Credit Amount Desired \$ _____ OR <input type="checkbox"/> COD Terms Requested _____		
FULL NAME OF OWNER(S) OR OFFICERS ("PRINCIPALS"):		
NAME	TITLE	SOCIAL SECURITY NUMBER

BANK INFORMATION

NAME OF BANK		BRANCH	
ADDRESS	CITY	STATE	ZIP
TELEPHONE	OFFICER	ACCOUNT #	

REFERENCES OF CURRENT SUPPLIERS NOW EXTENDING CREDIT

NAME	CITY / STATE / ZIP	PHONE	FAX
SUPPLIER			
SUPPLIER			
SUPPLIER			

GENERAL INFORMATION

DESCRIBE TYPE OF BUSINESS AND WORK PERFORMED	ARE PURCHASE ORDERS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE BUSINESS STARTED	
SALES TAX EXEMPT? YES / NO (If yes, please attach a copy of the certificate and indicate #)	TAX RESALE NUMBER IS:

NOTE: Must have valid exemption certificate. Taxes will be charged until certificate in-house.

****NOTE - SIGNATURE IS REQUIRED ON THE REVERSE SIDE OF THIS APPLICATION****

