

Peru Farm Center
CREDIT APPLICATION FOR A CONSUMER ACCOUNT

CONTACT INFORMATION

Title:

Name:

Phone:

Fax:

E-mail:

Home address:

City:

State:

ZIP Code:

CREDIT INFORMATION

Employment name and address:

City:

State:

ZIP Code:

How long at current Position?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

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 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Peru Farm Center to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: