

Credit Application & Reauthorization and Account Set Up

Last name:	First name:	
Company/Farm name:		
SSN/Tax ID:	Years in business:	
Billing Address:		
Who is authorized to accept and	d make product orders? (otherwise	we assume anyone can)
Contact person:	Contact's phone(s)	:
Email Address:		
Contact person:	Contact's phone(s):	
Email Address:		
Office phone(s):	Fax:	
Bank References		
Bank Name:	phone number:	
Bank address:		
<u>Trade References</u>		
Company Name:	Contact name:	
Address:		
Account opened since:	Credit limit:	Current balance:
Company Name:	Contact name:	
Address:		
Account opened since:	Credit limit:	Current balance:
Company Name:	Contact name:	
Address:		
Account opened since:	Credit limit:	Current balance:
Have you ever filed for bankrup	otcy? Yes No	



PERSONAL GUARANTY

- -The information you have supplied is accurate as of the date shown below.
- -You authorize Reister's Grower Services, LLC (RGS) to contact the financing and business references provided, and other sources as deemed necessary by RGS, for the purpose of establishing an account with RGS and to update references when necessary.
- -You authorize the financing and business references provided to release information to RGS and/or other reporting agencies.
- -Where applicable by state law controversy can be settled by Binding Arbitration.
- Guarantor/Customer agrees to be jointly and severally liable to Reister's Grower Services, LLC, for any amount due for any credit extended.

 Guarantor/Customer agrees to be personally obligated on this account as this is a guaranty of payment and agrees that he/she is legally responsible for payment of the account balance immediately on default. No action must be taken against 					
•	ess) first for this guarantor to be liable and responsible. Any legal (name of Farm/business) as well as the				
guarantor. It is understood that this is an individual a					
Print-Name of Personal Gurantor/Customer	Print-Name of Personal Gurantor/Customer				
Signature of Personal Guarantor/Customer	Signature of Personal Guarantor/Customer				
Date	Date				



Any/Farm Information

To help us serve you better, please fill out the following information. Thank you.

What crops do you grow?	How many acres of each?	
		
Do you have storage tanks/totes for liquid fertilizers?		
If so, what is the capacity of each?		
Are you interested in organic products? Yes / No		
Do you have your own consultant/scout? Yes / No		
Would you like A Reister's Grower Services Sales Rep to cont	act you? Yes/No	
Do you have a John Deere Financing account? Yes/No Accou	nt #	
Would you like to apply for a John Deere Finance account? You	es/ No	
RUP applicator's license #	Expires	
Name as it appears on license		
County in which most of your spray applications are made		
What is your preferred method of communication? Phone (h	nome) (office) (cell) / fax / email	
Phone #		
Email address		
Is there anything else you would like us to know?		

Thank you, we look forward to working with you. Ron, Linda, Deanna, Matt, Nancy & Alicia.