



3150 – 27th Ave N
 Grand Forks ND 58201-1302
 Ph: 800-731-5765 Fax: 866-484-6150 Email: sales@rivards.com

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT & BILLING INFORMATION

Company Name:		DBA:	
A/P Contact:		AP Phone #:	AP Email:
Phone:	Fax:	E-mail:	
Registered company address:		Bill to address:	
City:		State:	ZIP Code:
Date business commenced:		How long at current address?	
Sole proprietorship:	Partnership:	Corporation:	Other:
Credit Limit Requested:		Terms Requested:	

SHIP TO INFORMATION

Ship to Name:		Address:	
City:		State:	ZIP Code:
Receiving Contact:		Phone:	Email:

BANKING INFORMATION

Bank name:		Contact Person:	
Bank address:		Phone:	Email:
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:		Contact Person:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact Person:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact Person:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid within the stated terms of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Rivard's Turf & Forage Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

_____ Title:	_____ Title:
_____ Date:	_____ Date: