

PLEASE READ ALL YELLOW STICKY NOTES



Farmers Supply

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 credit@skagitfarmers.com

APPLICATION FOR CREDIT & MEMBERSHIP WITH SUBSTITUTE FORM W-9 INFORMATION

ACCOUNT NUMBER
\$
CREDIT LIMIT
DATE APPROVED (Skagit Farmers Supply Use Only)

ACCOUNT NUMBER
MEMBER STATUS
DATE APPROVED (Skagit Farmer Supply Use Only)

IS THIS FOR A PROPANE ACCOUNT? YES NO

APPLICANT/ JOINT APPLICANT – If not living together submit separate application

PRIMARY APPLICANT/OWNER/GUARANTOR - First Middle Initial & Last Name		Birth Date	Social Security Number	
JOINT APPLICANT/CO-OWNER/GUARANTOR - First Middle Initial & Last Name		Birth Date	Social Security Number	
Mailing Address		City	State	Zip
Delivery Address (if different than mailing address)		City	State	Zip
# Years At This Address	Own Rent Other	Monthly Mortgage, Rent or Lease Payment	\$	Other income, if alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
Present Employer – Primary Applicant		Position/Title	Yrs.	Gross Monthly Salary
Present Employer – Joint Applicant		Position/Title	Yrs.	Gross Monthly Salary
Main Phone #	Cell Phone #	E-Mail		Bank Institution And Branch

BUSINESS APPLICANTS

Name Of Entity and dba, if applicable			Federal ID No or Social Security No	
Type Of Business	Date Started	If Ag Bus - Crops & Acres Farmed	Annual Gross Income	Annual Net Income
Address Of Headquarters		City	State	Zip
Main Phone #	Cell Phone #	E-Mail		Bank Institution And Branch
Type <input checked="" type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	Corporation (state) <input type="checkbox"/>	Partnership <input type="checkbox"/>	LLC (state) <input type="checkbox"/>
Other (specify) <input type="checkbox"/>				
Names of officers of corporation, other partners, or members of LLC				
If in business less than 3 years, prior names of businesses owned or operated by Applicant				
Authorized Agent Name (In Addition to Applicant)		Title	Amount of Credit Requested	

CREDIT REFERENCES – REQUIRED FOR BUSINESS APPLICANTS ONLY

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Do you desire a Gas Card? _____ What name(s) should be authorized on the Card? _____

RETAIN A COPY OF THIS APPLICATION. IT CONTAINS THE TERMS AND CONDITIONS THAT WILL GOVERN THE RIGHTS OF THE PARTIES.

PLEASE READ, COMPLETE & SIGN ON THE SECOND PAGE UNDER CREDIT TERMS & MEMBERSHIP. NO SIGNATURE NEEDED UNDER PERSONAL GUARANTEE UNLESS A BUSINESS APPLICANT.

