



621 Wolf Springs Rd. Ferris, TX 75125
Phone: 972 544 2468 Fax: 940 544 2982

Credit Application

Company Name _____

Billing Address _____

City _____ State _____ Zip code _____

Business Location _____

City _____ State _____ Zip Code _____

Phone (____) _____ Fax (____) _____

This is a ____ Corporation ____ Partnership ____ Individual

Federal I.D.# _____ Sales Tax Exemption # _____

*******Please attach resale or exemption certificate if you are tax exempt*******

I agree to comply with the credit terms of Blue Sky Sod and the conditions of sale and will pay any and all penalty charges on past due amounts. I hereby agree to pay Blue Sky Sod a monthly late charge equal to the lesser of 1.5% or the maximum amount permitted by state law. I realize these charges are a penalty for late payment and not an offer of financing. In consideration of any credit extended, I (we, or either of us) will individually and/or jointly guarantee full and prompt payment at maturity of all invoices that Blue Sky Sod renders for merchandise furnished; and such guarantee shall remain in force until its revocation is acknowledged in writing. In the event attorney fees or other collection expenses are incurred in the collection of my account, I agree to pay said fees and expenses. I hereby grant permission to those listed as bank and trade references below to release information to Blue Sky Sod as required, to establish commercial credit.

Signature _____ Title _____ Date _____
(Must be signed by an Owner or an Officer)

PLEASE FILL OUT PAGE 2 OF THIS FORM IF CREDIT IS DESIRED

All Principal Owners or Officers:

Name: _____ Title _____

SS# _____ DL# _____ State _____

Home Address _____ City _____

State _____ Zip Code _____ Phone (____) _____

Name: _____ Title _____

SS# _____ DL# _____ State _____

Home Address _____ City _____

State _____ Zip Code _____ Phone (____) _____

Name: _____ Title _____

SS# _____ DL# _____ State _____

Home Address _____ City _____

State _____ Zip Code _____ Phone (____) _____

Bank Reference

Name of your Bank _____

Address _____

City _____ State _____ Zip Code _____

Trade References

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # (____) _____ Fax # (____) _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone # (____) _____ Fax # (____) _____