

Select Soils™

CREDIT APPLICATION

649 West South Street • P.O. Box 1037 • Kennett Square, PA 19348 • Tel: 610-444-4800 • Fax: 610-444-1338

A. Legal Name _____

Trade Name(s) _____

Bill to Address _____

Ship to Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail _____

Federal Tax ID# _____ D&B# _____

CORPORATION PROPRIETORSHIP PARTNERSHIP YRS. IN BUSINESS _____
OF EMPLOYEES _____

B. NAMES OF PRINCIPAL OFFICERS, PARTNERS, OR OWNERS:

Name _____ S.S.N. _____ Title _____

Name _____ S.S.N. _____ Title _____

Name _____ S.S.N. _____ Title _____

C. PERSONS TO CONTACT:

Name of Financial Controller _____ Telephone _____ (Only Month & Day)
D.O.B. _____

Name of Buyer _____ Telephone _____ D.O.B. _____

Name of Accounts Payable _____ Telephone _____ D.O.B. _____

D. PLEASE LIST ANY RELATED COMPANIES IN WHICH THE PRINCIPALS HAVE AN INTEREST.

(If none write "None" below)

Name _____ Address _____

Name _____ Address _____

E. ARE YOUR RECEIVABLES AND/OR INVENTORY PLEDGED TO OTHERS?

NO YES Please Explain: _____

F. WE ESTIMATE OUR ANNUAL PURCHASES AT \$ _____

VOLUME OF BUSINESS LAST YEAR \$ _____

WE REQUEST A CREDIT LINE OF \$ _____

G. NAME AREA(S) YOU SERVICE _____

Cont. _____

H. TRADE REFERENCES: (Complete address & fax # is necessary to process your application promptly)

1. Name _____ Contact Person _____
Address _____ Credit Limit _____
Telephone # _____ Fax # _____

2. Name _____ Contact Person _____
Address _____ Credit Limit _____
Telephone # _____ Fax # _____

3. Name _____ Contact Person _____
Address _____ Credit Limit _____
Telephone # _____ Fax # _____

4. Name _____ Contact Person _____
Address _____ Credit Limit _____
Telephone # _____ Fax # _____

I. BANK REFERENCES:

Bank Name _____ Address _____

Type _____ Acct.# _____ Type _____ Acct.# _____ Type _____ Acct.# _____

Loan Officer _____ Telephone# _____ Fax# _____

Bank Credit Line _____ Secured? _____ Yes No

J. PLEASE ATTACH SALES TAX EXEMPTION CERTIFICATE.

We are required to charge sales tax unless we receive an exemption certificate.

K. I certify that all material purchased are for resale. There will be a fee charged for any returned checks received. In the event that legal action shall become necessary in order to effect collection for the merchandise purchased from South Mill, I agree to pay all collection costs including reasonable attorney fees

Signed _____ Date _____

Print Name & Title _____

L. FINANACIAL INFORMATION

This information will be needed yearly to reevaluate your line of credit with our company. Please indicate if there will be a problem

Yes

No

BALANCE SHEET

ASSETS	CURRENT YEAR	PRIOR YEAR	LIABILITIES	CURRENT YEAR	PRIOR YEAR
	(MO/YR)	(MO/YR)		(MO/YR)	(MO/YR)
Cash	\$ _____	_____	Accounts Payable	\$ _____	_____
Accounts Receivable	\$ _____	_____	Accrued Liabilities	\$ _____	_____
Inventory	\$ _____	_____	Current Portion of Long Term Debt	\$ _____	_____
Other Current Assets	\$ _____	_____	Other Current Liabilities	\$ _____	_____
Total Current Assets	\$ _____	_____	Total Current Liabilities	\$ _____	_____
Total Assets	\$ _____	_____	Taxes	\$ _____	_____
			Other Liabilities	\$ _____	_____
			Long Term Debt	\$ _____	_____
			Total Long Term Liabilities	\$ _____	_____
			TOTAL LIABILITIES	\$ _____	_____
			EQUITY		
			Common Stock	\$ _____	_____
			Additional Paid in Capital	\$ _____	_____
			Retained Earnings	\$ _____	_____
			Total Equity	\$ _____	_____

INCOME STATEMENT

	CURRENT YEAR	PRIOR YEAR
	(MO/YR)	(MO/YR)
Revenue/Sales	\$ _____	_____
Less Depreciation	\$ _____	_____
Less Other Expenses	\$ _____	_____
Operating Income	\$ _____	_____
Less Other Expenses	\$ _____	_____
Income Before Income Tax	\$ _____	_____
Less Income Tax	\$ _____	_____
Current	\$ _____	_____
Deferred	\$ _____	_____
Net Income	\$ _____	_____