



P.O. Box 3528, Suwanee, GA 30024  
Phone: 770-831-4160  
Fax: 770-831-4164

**Applicant:** \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State Zip: \_\_\_\_\_  
Years in Business: \_\_\_\_\_  
Phone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
Federal ID Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

To Whom It May Concern: I give Agrisel USA, Inc. permission to check my credit with each of the companies listed below:

**Authorized Signature:** \_\_\_\_\_

**Please give 3 credit references:**

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please give 1 bank reference:**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account Number: \_\_\_\_\_