



**A1 Organics**  
 16350 WCR 76  
 Eaton, CO 80615  
 (970) 454-3492 Ph  
 (970) 454-3232 Fax

# Credit Application

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Firm Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Anticipated Volume of Business Per Month: \_\_\_\_\_  
 Would you like invoices/statements emailed to you?  YES  NO Email address: \_\_\_\_\_

## OWNERS OR COMPANY OFFICERS

**NAME:** \_\_\_\_\_ Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
**NAME:** \_\_\_\_\_ Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## ORGANIZATION

Corporation  Partnership  Proprietorship  Other  
 Years in Business: \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Purchase Order Required:  YES  NO  
 Do you have, or have you had, any judgments, garnishments, or bankruptcies?  YES  NO  
 If yes, please explain: \_\_\_\_\_

## REFERENCES (NOTE: FAX Numbers are REQUIRED)

Bank Name:	_____	Phone:	_____
Address:	_____	<b>FAX:</b>	_____ <b>(REQUIRED)</b>
	_____	Checking Acct #	_____
Vendor Name	_____	Phone:	_____
Service/Product	_____	Contact:	_____
Address	_____	<b>FAX:</b>	_____ <b>(REQUIRED)</b>
	_____	Account #:	_____
Vendor Name	_____	Phone:	_____
Service/Product	_____	Contact:	_____
Address	_____	<b>FAX:</b>	_____ <b>(REQUIRED)</b>
	_____	Account #:	_____
Vendor Name	_____	Phone:	_____
Service/Product	_____	Contact:	_____
Address	_____	<b>FAX:</b>	_____ <b>(REQUIRED)</b>
	_____	Account #:	_____

FOR INTERNAL USE ONLY:			
SALES REP _____	PRICE LEVEL _____	TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO	TAX # _____



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# Agreement and Personal Guaranty

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## AGREEMENT

Credit purchaser authorized A-1 Organics to obtain credit information from the above references.

**PAYMENT TERMS:** Payment for all goods and services purchased by or for your account is due and payable 30 days from the date goods are delivered and/or services are provided, after which your account will be become delinquent. A late payment charge of 1.5% per month compounded (18% per annum) will be added to all delinquent portions of your account. You also agree to pay all costs and reasonable attorneys' fees incurred by us to collect monies due us if we are required to place your account in the hands of an attorney or collection agency for collections or if it is collected through bankruptcy or other judicial proceedings.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL GUARANTY

For valuable consideration, and to induce you to extend credit hereon, the undersigned jointly and severally hereby guarantee, unconditionally, the payment, when due, of each and every obligation, now existing or hereafter arising, owing to A1 Organics by the firm named below and shown as the account guaranteed.

This guaranty is a continuing guaranty, and shall remain in force until revoked by notice in writing to A1 Organics, and revocation hereof shall not prejudice A1 Organics' claim hereunder with respect to any obligation arising prior to revocation.

This guaranty shall extend to and cover any extension or renewal of our obligation and A1 Organics does, without prejudice, reserve the rights to any claim against the undersigned, and, at any time, may extend or change the time of payment.

The undersigned further agree that the venue for any suit hereunder shall be in Greeley, Colorado, and the undersigned further agree to save harmless and indemnify A1 Organics against any loss, claim or demand arising by the failure of the account named below to pay its indebtedness to A1 Organics, either present or future, as well as any expense, cost and reasonable attorneys' fees incurred by A1 Organics in the collection of any sums due and owing or arising under this indemnity agreement.

Furthermore, if the undersigned's payment is remitted by check and is subsequently returned to A1 Organics as non-redeemable, the undersigned agrees to pay a \$20.00 reprocessing charge to A1 Organics, plus any applicable bank charges.

Account Guaranteed:

\_\_\_\_\_

Name of Corporation, Firm or Organization

\_\_\_\_\_  
 Signature (Officer, Partner or Owner)                      Title                      Date

\_\_\_\_\_  
 Signature (Officer, Partner or Owner)                      Title                      Date