

AGRIZAP, INC.
4535 McGrath Street
Ventura, California 93003



Telephone: 888-332-3728
Facsimile: 805-654-1390
customerservice@ratzapper.com

APPLICATION FOR RESELLER - APPLICATION MUST BE SIGNED TO PROCESS

COMPANY NAME: _____ Date: _____
 STREET ADDRESS: _____ CITY: _____ STATE _____
 BILLING ADDRESS: _____ CITY: _____ STATE _____
 ZIP CODE: _____ In business since: _____ Accts Payable contact: _____
 PHONE: _____ FAX _____
 EMAIL ADDRESS: _____ WEB SITE: _____

COMPANY PRINCIPLES

TYPE OF BUSINESS: Individual Ownership _____ Partnership _____ Corp, inc. in state _____
 Tax Payer I.D.# _____ Resale# _____
 (Note: A completed "Resale Certificate" must be on file for tax exempt status)

If partnership, name of partners. If corporation, name of officers:
Name & Title Address, City, State

BANK REFERENCES

Name of Bank: _____ Name of Contact: _____
 Branch: _____ Address: _____ City _____ St. _____ Zip _____
 Account#: _____ Ph# _____ Fax# _____

TRADE REFERENCES

COMPANY NAME:	CONTACT:	TELEPHONE	FAX- Must have fax # to process timely

Confirmation of Accuracy and Release of Authority to Verify

I hereby certify that the information in this application is correct. The information included in this credit application is for use by Agrizap, Inc. in determining the amount and conditions of credit to be extended. I understand that Agrizap, Inc. may also utilize the other sources of credit, which it considers necessary in making this determination. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Agrizap, Inc. in establishing a line of credit.

Authorized Signature: _____ Title: _____ Date: _____

Date opened _____ Approved _____ Denied _____ Notified Company _____ Initials _____