

CORNETTE FARM SUPPLY

P.O. BOX 19
GREENLEAF, WI 54126
(920) 864-3333
1-800-236-4810

Along with the Charge Account Form and Tax Exempt Form, please fill out the following bank information. Also, please list below 3 businesses that we may contact for credit information. If you have any questions please call our office. Thank You for choosing Cornette Farm Supply.

BANK NAME: _____
PHONE: _ (____) _____
CONTACT PERSON: _____

(1) BUSINESS NAME: _____
ADDRESS: _____

PHONE: _ (____) _____ **FAX:** (____) _____
CONTACT PERSON: _____

(2) BUSINESS NAME: _____
ADDRESS: _____

PHONE: _ (____) _____ **FAX:** (____) _____
CONTACT PERSON: _____

(3) BUSINESS NAME: _____
ADDRESS: _____

PHONE: _ (____) _____ **FAX:** (____) _____
CONTACT PERSON: _____

The undersigned hereby: (1) authorize Cornette Farm Supply, Inc. to obtain from any credit reporting agency any business and/or personal credit report relating to the above named Applicant, and the undersigned individuals; (2) authorize any bank, lender, or other guarantor of credit to provide Cornette Farm Supply, Inc. copies of Applicant's balance sheets and income statements and other credit-related information; (3) releases Cornette Farm Supply, Inc. and any bank or lender or reporting agency from any and all claims or causes of action that may arise by reason of the information provided to Cornette Farm Supply, Inc.. (4) agrees to the above account terms and acknowledge that all of the above information is true and correct and that account privileges may be terminated without notice at the discretion of Cornette Farm Supply, Inc.. Each individual Applicant signing this Application agrees to be obligated jointly and severally according to the terms and conditions set forth above.

Signature of Applicant: _____ **Date:** _____

Please Print: _____