



GROWER SERVICES, LLC

Reister's Grower Services, LLC / 14050 Fruit Ridge Ave. / Kent City, MI 49330
616-678-7706 / 616-887-9933 / fax 616-678-5320 / www.reisters.net

Credit Application & Customer Account Set Up

Last name: _____ First name: _____ Title: _____

Company/Farm name: _____

SSN/Tax ID: _____ Years in business: _____

Billing Address: _____

Shipping Address (if different from above): _____

Contact person: _____ Contact's phone(s): _____

Email Address: _____

Contact person: _____ Contact's phone(s): _____

Email Address: _____

Office phone(s): _____ Fax: _____

Bank References

Bank Name: _____ phone number: _____

Bank address: _____

Trade References

Company Name: _____ Contact name: _____

Address: _____

Contact phone: _____ Contact Email: _____

Account opened since: _____ Credit limit: _____ Current balance: _____

Company Name: _____ Contact name: _____

Address: _____

Contact phone: _____ Contact Email: _____

Account opened since: _____ Credit limit: _____ Current balance: _____

Company Name: _____ Contact name: _____

Address: _____

Contact phone: _____ Contact Email: _____

Account opened since: _____ Credit limit: _____ Current balance: _____

Have you ever filed bankruptcy? Yes ___ No ___

Note to customer: Your signature at the bottom of this page acknowledges that:

- The information you have supplied is accurate as of the date shown below.
- You authorize Reister's Grower Services, LLC (RGS) to contact the financing and business references provided, and other sources as deemed necessary by RGS, for the purpose of establishing an account with RGS and to update references when necessary.
- You authorize the financing and business references provided to release information to RGS and/or other reporting agencies.
- Where applicable by state law controversy can be settled by Binding Arbitration.

Applicant's Signature _____ Title _____ Date _____



Company/Farm Information

To help us serve you better, please fill out the following information. Thank you.

What crops do you grow?

How many acres of each?

Do you have storage tanks/totes for liquid fertilizers? _____

If so, what is the capacity of each? _____

Are you interested in organic products? Yes / No

Do you have your own consultant/scout? Yes / No

RUP applicator's license # _____ Expires _____

Name as it appears on license _____

County in which most of your spray applications are made _____

What is your preferred method of communication? Phone (home) (office) (cell) / fax / email

Phone # _____

Email address _____

Is there anything else you would like us to know?

Thank you, we look forward to working with you.

Ron, Linda, & Deanna Reister