



706-546-9760
Credit Application

Billing Address:

Name of Firm _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____

Shipping Address (only if different from above)

Name _____

Address _____

City _____ State _____ Zip Code _____

Preferred Freight Lines _____

Contact Name/Instructions _____

Years in business _____

Principal Owners or Officers:

Name _____ Name _____

Address _____ Address _____

City & State _____ City & State _____

Telephone _____ Telephone _____



Type of Business: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Dealer | <input type="checkbox"/> Contractor | <input type="checkbox"/> Distributor |
| <input type="checkbox"/> Golf Course Irrigation | <input type="checkbox"/> Residential Irrigation | <input type="checkbox"/> Agricultural Irrigation |
| <input type="checkbox"/> Drip Irrigation | <input type="checkbox"/> Pivot Brand | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Service | <input type="checkbox"/> Pump Dealer | <input type="checkbox"/> Pipe Repair |
| <input type="checkbox"/> Other _____ | | |

Brief Description of your company: _____

Bank Reference:

Name of Bank/Contact _____

Address _____

City & State _____ Telephone _____

Purchasing Contact:

Name _____ Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email _____

Accounts Payable Contact:

Name _____ Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email _____



706-546-9760
Credit References

Please provide all information requested

Name _____

Type of Business _____

Address _____ City/State/Zip _____

Telephone _____ Fax _____ Email _____

Name _____

Type of Business _____

Address _____ City/State/Zip _____

Telephone _____ Fax _____ Email _____

Name _____

Type of Business _____

Address _____ City/State/Zip _____

Telephone _____ Fax _____ Email _____



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Payment Policy

Attn: Accounts Payable

Past Due is 30 days from the invoice date except for special terms.

The payment needs to be post marked by the post office before or on the due date, if not, the balance will be left as a remaining balance amount on the invoice.

Prices and designs subject to change without notice.

All contracts or orders are subject to approval at the general office. Claims for corrections or deductions must be made within ten days of receipt of goods. Give full details, including the date of invoice.

Orders regularly entered for production cannot be countermanded except with the consent and upon terms that will indemnify the Manufacturer against loss.

Late Payment Policy

Any customers who do not stay within payment policy listed above and those with special terms will be assessed thereafter a late charge of 1 ½% per month (18% annual rate) minimum of \$3.00. Any checks returned for N.S.F. will be subject to a \$35.00 handling charge.

I agree with the Payment Policy and the Late Payment Policy above.

Signature _____

Print Name _____

Title _____

Date _____



706-546-9760

Personal Guarantee

The undersigned (name) _____, residing at(address) _____, for in consideration of Shoemaker Irrigation Supply extending credit to (company name) _____,(hereinafter "the company", of which I am the (title) _____,hereby personally guaranty to pay on demand to Shoemaker Irrigation Supply, or its authorized agents, any sums due from the company to Shoemaker Irrigation Supply, if the company fails to pay such sums within thirty (30) days of invoicing or demand. The undersigned agrees that this personal guaranty shall be continuing the irrevocable, and agrees to hold harmless and indemnify Shoemaker Irrigation Supply for all such sums may come due. The undersigned hereby agrees to the terms contained in the Credit Application completed on the behalf of the company, and consents to any modifications or renewals of terms of credit between Shoemaker Irrigation Supply and the company.

Date _____ 20 _____

Print name _____

Signature _____

Witness – Print name _____

Signature _____