



ACCOUNT APPLICATION

Name:				Phone:	()
Address:				Fax:	()
City:	State:		Zip:		E-Mail:

Partnership:	<input type="checkbox"/>	Proprietorship:	<input type="checkbox"/>	Corporation:	<input type="checkbox"/>	PO Required?	Yes No	Years in Business:	
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Business Type: (mark all that apply)	<input type="checkbox"/>	Ag Dealer	<input type="checkbox"/>	Ag Consultant	<input type="checkbox"/>	Agronomist	<input type="checkbox"/>	Seed Agronomist	<input type="checkbox"/>	Farm Manager
	<input type="checkbox"/>	Farm Corporation	<input type="checkbox"/>	Cooperative	<input type="checkbox"/>	County Extension	<input type="checkbox"/>	University/Ext/Research	<input type="checkbox"/>	SWCD & NRCS
	<input type="checkbox"/>	Compost/Solid Waste	<input type="checkbox"/>	Limestone Testing	<input type="checkbox"/>	Fertilizer Testing	<input type="checkbox"/>	GLP Testing	<input type="checkbox"/>	A & L Supplier
	<input type="checkbox"/>	Feeds/Food/Vet	<input type="checkbox"/>	Pesticide/Sales/Tech Rep	<input type="checkbox"/>	Pesticide/Corporate Tech	<input type="checkbox"/>	Real Estate	<input type="checkbox"/>	Laboratory
	<input type="checkbox"/>	Lawn/Garden/Landscape	<input type="checkbox"/>	Golf Course/Supplier	<input type="checkbox"/>	Environmental Consultant	<input type="checkbox"/>	Environmental Engineer	<input type="checkbox"/>	Environmental Industry
	<input type="checkbox"/>	Land Application	<input type="checkbox"/>	Public Facilities	<input type="checkbox"/>	County Agency	<input type="checkbox"/>	State Agency	<input type="checkbox"/>	Federal Agency
	<input type="checkbox"/>	Military	<input type="checkbox"/>	Municipality						

PRINCIPALS OR OWNERS										
Name:				Title:				Phone:	()	
Address:				City:				State:		Zip:
Name:				Title:				Phone:	()	
Address:				City:				State:		Zip:

BANK INFORMATION										
Bank Name:							Phone:	()		
Address:				City:				State:		Zip:
Banker's Name:					Checking Account Number:					

TRADE REFERENCES										
Company Name:							Phone:	()		
Address:							Fax:	()		
City:							State:		Zip:	
Company Name:							Phone:	()		
Address:							Fax:	()		
City:							State:		Zip:	
Company Name:							Phone:	()		
Address:							Fax:	()		
City:							State:		Zip:	

I understand that interest will be charged on past due balances, at a rate not to exceed the applicable state legal maximum or 1-1/2% per month, whichever is less. If I fail to pay all amounts when due, I understand I will be liable for all costs of collection, including without limitation, attorney's fees.

By submitting this account application, I am requesting to do business with A & L Great Lakes Laboratories, Inc.

Payment Terms: Net 30 days.

Signature: _____ Title: _____ Date: _____