

**NEW ACCOUNT
INFORMATION
(Attach Permit)**



Crop Protection Ideas & Products that
Save Growers Money... Since 1949

PCA NAME

(PLEASE PRINT)

ACCOUNT NAME: _____ **PHONE (_____)** _____

***(NOTE) THE COUNTIES ARE REQUIRING THAT THE ACCT. NAME & PERMIT NAME SHOULD BE THE SAME NAME**

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

TYPE OF BUSINESS (CK ONE): CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____

SOCIAL SECURITY _____ **TAX I.D.#** _____ **RESALE #** _____

TOTAL ACRES: TREE FRUIT _____ Acres **CITRUS** _____ Acres **VINES** _____ Acres **NUTS** _____ Acres **OTHER** _____ Acres

OWNER INFORMATION (IF NOT SHOWN ABOVE):

1) NAME: _____ **ADDRESS:** _____

CITY _____ **ZIP** _____ **PHONE** _____ **SOC . SEC.#** _____

EMPLOYER _____ **CITY** _____ **PHONE #** _____ **SALARY** _____

OTHER OWNER(S), PARTNERS, OR OFFICERS:

2) NAME: _____ **ADDRESS:** _____

CITY _____ **ZIP** _____ **PHONE** _____ **SOC . SEC.#** _____

EMPLOYER _____ **CITY** _____ **PHONE #** _____ **SALARY** _____

(Please use reverse side to list any additional names)

PLEASE COMPLETE QUESTIONS 1 THRU 3 (AND 3A & 3B WHEN APPLICABLE):

1) HOW WOULD YOU LIKE TO BE BILLED? (CK ONE): MONTHLY DETAILED STATEMENT _____

BY SEPARATE, INDIVIDUAL INVOICES _____

2) DO YOU REQUIRE PURCHASE ORDER NUMBERS?..... YES _____ NO _____

3) DO YOU WANT TO TRACK PURCHASES BY RANCH NAME? YES _____ NO _____

3a) IF SO, WHAT RANCH NAMES WOULD YOU LIKE TO TRACK?

3b) DO YOU WANT A SEPARATE STATEMENT FOR EACH RANCH? YES _____ NO _____

4) DO YOU WANT US TO DO YOUR MONTHLY USE REPORTING @ \$1.50/AC PER YEAR? YES _____ NO _____

5) PLEASE DESCRIBE ANY SPECIAL DELIVERY INSTRUCTIONS (I.E. CALL 555-1234 CELL# B/4 DELIVERY, WATCH DOG, ETC.)

TERMS & CONDITIONS

Unless otherwise stated at the time of purchase, all invoices are due and payable 30 days after invoiced date. Balances unpaid after 30 days from date of invoice are subject to late payment charges of 1.5% per month (an annual percentage rate of 18%), or the maximum allowed by law, together with all expenses incidental to collection, including reasonable attorney's fees, collection fees and court costs. Your signature below indicates acceptance of the above mentioned terms of the credit contract with Gar Tootelian, Inc., and authorizes it to make direct and credit reporting agency inquiries into the statement you made above.

Signature: _____ **Title:** _____ **Date:** _____

Print Name: _____

PLEASE ATTACH A COPY OF YOUR PERMIT WITH THIS APPLICATION.

**IF YOU FAX A COPY OF THIS TO US
PLEASE RETURN THE ORIGINAL BY MAIL!**

8246 S. Crawford Ave. • Reedley • CA 93654 • (559) 638-6311 OFF • (559) 638-6314 FAX