



In order to open an account with Farm Duty®, please complete this Dealer Application and email it to sales@FarmDuty.com along with a copy of your State Resale Tax Certificate. Please include a photo of your storefront or facility where items will be sold from.

DEALER APPLICATION

Store Name _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____
Website _____ Email Address _____
State Retail Tax No. _____ State _____
Federal Tax ID No. _____ Web Address _____
Years in business at this location _____ Annual Retail Volume _____
Form of Business _____ Corporation _____ Partnership _____ Sole Proprietor
Type of Business _____ Distributor/Wholesaler _____ Retailer _____ Manufacturer
Nature of Business _____
Purchasing Manager _____

Owner/Officer

Name _____ Title _____ Phone _____
Address _____
City _____ State _____ Zip _____
Name _____ Title _____ Phone _____
Address _____
City _____ State _____ Zip _____

Please use a separate piece of paper if necessary to list all Owners.

Bank Information

Bank name _____ Business Phone _____
City _____ State _____ Zip _____
Acct. No. (Business Only)
Checking _____ Savings _____

Trade References

Company name _____ Phone _____
Address _____ Account No. _____
City _____ State ____ Zip _____ Account Status _____
Type of Product _____

Company name _____ Phone _____
Address _____ Account No. _____
City _____ State ____ Zip _____ Account Status _____
Type of Product _____

Company name _____ Phone _____
Address _____ Account No. _____
City _____ State ____ Zip _____ Account Status _____
Type of Product _____

I hereby acknowledge that the above information is true and correct. I understand and acknowledge that placing an order with Farm Duty® constitutes doing business in Kansas and is therefore subject to the laws of the State of Kansas. In the event that this account is turned over to a collection agency or attorney, I agree to pay collection fees and/or attorney fees and court costs and any other reasonable expenses incurred by Farm Duty® as a consequence of my failure to pay. I authorize Farm Duty® to make whatever credit inquires that it deems necessary relative to this credit application. I authorize and instruct any person or credit reporting agency to compile and furnish Farm Duty® any information that it may have or obtain in response to such credit inquires and agree that such information, along with this application, shall remain the property of Farm Duty® whether or not credit is extended.

Signature _____ Position _____ Date _____
Note: Application cannot be processed without signature.

Corporations and LLC Only:

A Corporation/LLC application must be signed by the owners as personal guarantors of all purchases made by the corporation in order to receive a positive review.

I hereby personally guarantee any indebtedness to Farm Duty® incurred by:

_____ Corporation/LLC Name

_____ Individual Guarantor/Owner

_____ Individual Guarantor/Owner