

Triple K Irrigation

**CREDIT APPLICATION**

Account Number \_\_\_\_\_

**ORGANIZATION (Please Print or Type)**

Name of Organization			Application Date
Billing Address	City, State, Zip Code	Date Started	Building is: Owned <input type="checkbox"/> Rented <input type="checkbox"/>
Shipping Address (if different from above)	City, State, Zip Code	Est. Monthly Purchases	Check If Required: Purchase Order <input type="checkbox"/> Job Name <input type="checkbox"/>
Area Code and Phone Number	Area Code and Fax	Area Code and Cell	Do you pay sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> L.L.C. <input type="checkbox"/> Other			Contractor's License Number & ST/Nursery Floral Certificate Number (if applicable)
Fed Tax ID Number			

**OFFICERS / OWNERS**

Principal / Owner / Title	Street Address	City, State, Zip Code	Social Security # DL# / ST / DOB
Principal / Owner / Title	Street Address	City, State, Zip Code	Social Security # DL# / ST / DOB
Principal / Owner / Title	Street Address	City, State, Zip Code	Social Security # DL# / ST / DOB

**TRADE REFERENCES**

Name	Area Code and Phone Number	Area Code and Fax
1.		
2.		
3.		

Bonding Agent / Company

**BANK REFERENCE**

Bank (Business)	Location	Account #	Area Code and Phone Number	Contact Officer
Bank (Personal)	Location	Account #	Area Code and Phone Number	Contact Officer

**BUSINESS TYPE (Check Only One Please)**

School                     
  Well Driller                     
  Golf                     
  Grower  
 Irrigation Contractor                     
  Supply House                     
  Municipality / Utilities                     
  Other

**Please mail completed, original credit application to:**  
**Triple K Irrigation**  
 13648 Wabash Road  
 Morenci, MI 49256