



CREDIT APPLICATION FOR NEW CUSTOMERS

CUSTOMER BILLING INFORMATION

Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Number of Years in Business:			
Sole proprietorship:	Partnership:	Corporation:	Other:
Tax Exemption:			

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Type of Industry:			
Estimated Annual Sales:			
Bank name:			
Bank address:	Phone:		
City:	State:	ZIP Code:	
Bank Contact:			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. A finance charge of 1.5% will be charged for all balances past due.
2. By submitting this application, you authorize GROPRO CORPORATION. to make inquiries into the banking and business/ trade references that you have supplied, as well as periodic credit checks
3. Emailed application is deemed to be original. No oral agreements or modifications will be accepted.
4. GROPRO CORPORATION reserves the right to revoke credit, demand payment in full, and/or reduce the credit line amount. If reasonable collection or legal action is deemed necessary by GROPRO CORPORATION to receive monies owed, the collection or legal fees shall also be charged to, and paid by the above person, business, or organization.
5. Signature below is an acceptance of terms and conditions set forth in this agreement and certification that information on this form is correct.

SIGNATURES

Title:	Title:
Printed Name:	Printed Name:
Date:	Date:

GUARANTEE

I, the undersigned do personally guarantee payment to GROPRO CORPORATION for previous, present, and future charges to the above business or corporation, hereinafter called the Customer, which shall include orders placed by an officer, employee or agent of the Customer. I also agree to pay all costs of collection, including reasonable attorney's fees in the event of default of payment by the Customer of the Guarantor.

This guarantee shall remain in effect until revoked by the Guarantor by written notification to GROPRO CORPORATION by registered mail, or certified mail, return receipt requested. In the event the business is sold, GROPRO CORPORATION must be notified in writing, before Guaranty is revoked. The application and guaranty are subject to approval by the credit department of GROPRO CORPORATION. Confirmation of approval to the Customer or Guarantor is not required.

Guarantor Signature_____

Guarantor Name:_____

Guarantor Title_____

Date:_____

GROPRO CORPORATION
12600 WEST FRONTAGE ROAD
BURNSVILLE MN, 55337
1-833-GRO-PRO1

WWW.GROPROAG.COM

EMAIL BACK ALL FILLED OUT AND SIGNED COPIES TO: ORDERS@GROPROAG.COM
IF DOING TAX EXEMPT PLEASE PROVIDE COPY OF EXEMPT CERTIFICATE ALONG
WITH APPLICATION.