



**DAKIN Natural Soils, INC
NEW CUSTOMERS SET-UP**

PHONE: 941-322-2802 ext. 312 Cell 941 893 9181

Email scott.ddf@gmail.com

<u>BILL TO:</u>		<u>SHIP TO:</u>
Legal Name of Applicant:	_____	
d/b/a Trade Name(s):	_____	
Mailing/Street Address:	_____	
City/State/ Zip:	_____	
Telephone Number:	_____	
Facsimile Number:	_____	
Name of Main Contact for Orders:	E-Mail:	_____
	Work Phone:	_____
	Cell Phone:	_____
EMERGENCY RECALL CONTACT NAME:	DAYTIME PHONE #:	_____
	AFTER HOURS PHONE#:	_____

Use additional pages for ship to locations if required.

ORGANIZATION INFORMATION				
Parent Company	_____			
Type of Organization	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC
	<input type="checkbox"/> Government	<input type="checkbox"/> Other:	SIC Code	

CORPORATE OFFICERS, PARTNERS OR PROPRIETOR INFORMATION		
Name	Title	SS#

TRADE REFERENCES				
Company Name	Contact	Account #	Telephone #	Fax #

BANK REFERENCES				
Bank Name	Contact	Bank Account #	Telephone #	Fax #

Business Description:	Date Business Started:
State/Prov. Incorporation:	Federal I.D. or SS Number:
Accounts Payable Contact:	Telephone #:
A/P email address :	Fax#:
Purchasing Contact:	Telephone #:
Email address:	Fax #:
Delivery Hours:	Back Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No
Weekly Needs? \$	P.O. Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Billing Email Address :	Special instructions:
Person Notified of Price Increases:	E-MAIL:
	Best Phone #:

PAYMENT TERMS: Subject to approved terms
Dakin Dairy Office Use Only: Approved Payment Terms:

CERTIFICATION – The applicant certifies that the information provided in this Application, together with all other information submitted with this Application, is true and correct. Applicant understands that should any information materially change, or at the request of **Dakin Natural Soils, Inc.** applicant will update the application.

AUTHORIZATION TO RELEASE INFORMATION – All information, which the applicant has certified to be true and correct, included in this Application is for the use of **Dakin Natural Soils, Inc.** in determining the amount and conditions of commercial business credit to be extended to the applicant. It is not for consumer purposes. I/we hereby authorize all trade and bank references listed in this Application to release all information, verbal or written, to assist **Dakin Natural Soils, Inc.** in determining the amount and conditions of credit to be extended to the applicant. Furthermore, I/we authorize **Dakin Natural Soils, Inc.** to utilize any other sources of credit information which it deems reliable in making this determination. Subsequent credit inquiries may be completed by **Dakin Natural Soils, Inc.** in connection with any update, renewal or extension of credit. **Dakin Natural Soils, Inc.** reserves the right to terminate credit extension based on their evaluation.

ADDITIONAL SALES TERMS AND CONDITIONS-Terms are standard unless otherwise stated on each invoice, or by executed written contract. I/we have read and understand the terms of sale as stated on the front and back of each invoice, and agree that such terms shall prevail over any other documents issued by purchaser pertaining to the sale of goods, products or services by **Dakin Natural Soils, Inc.** All other terms and conditions of sale are expressly disclaimed. I/we agree and understand that all accounts are due and payable according to the terms stated on the invoice. I/we acknowledge that all credit terms are subject to periodic review, and may be modified at the discretion of **Dakin Natural Soils, Inc.** I/we understand that **Dakin Natural Soils, Inc.** may terminate future extensions of credit or may terminate current credit availability at its sole discretion.

I/we agree that in the event credit extended pursuant to this Application is not repaid in accordance with the aforementioned repayment terms, the applicant will reimburse **Dakin Natural Soils, Inc.** for all collection costs incurred, including reasonable attorney fees and court costs. Should litigation become necessary, I/We agree that the venue shall be in Manatee County, state of Florida. I/we agree that **Dakin Natural Soils, Inc.** may assess the applicant service charges and interest at the maximum permissible rate applicable under state usury laws, for any past due balances.

In the event of any changes in ownership or legal structure of the applicant, I/we agree to notify **Dakin Natural Soils, Inc.** in writing of these changes by certified mail, mail return receipt requested. **Dakin Natural Soils, Inc.** shall not be affected by such changes until receipt of this written notification of these changes from the applicant.

I/we acknowledge having read and understood the preceding terms and conditions, and certify that the applicant agrees to abide by them.

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Applicant (Please Print)	Authorized Signature	Title	Date
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If limited company: Application must be signed by two officers and company seal affixed, if available. Both parties have accepted that this document be drafted in English only

INTERNAL USE ONLY					
Sales Rep Name & #:					
Business Unit:					
Selling Terms:					
Credit Manager Code:		D&B Rating :			
Approved By:		Approved Date:		Credit Limit:	
Remarks:					

Personal Guarantee for _____
 Company name applying for credit

The undersigned guarantees payment of all indebtedness incurred by the above agreement to Dakin Natural Soils , Inc. The undersigned also agrees to pay to Dakin Natural Soils, Inc. reasonable attorney fees incurred in the collection of such indebtedness. It shall not be necessary for Dakin Natural Soils, Inc., in order to enforce the obligation of the undersigned hereunder, to first institute suit or pursue or exhaust its remedies against the applicant. If more than one individual signs below each shall be liable hereunder jointly and severally. The guarantee shall remain in full force and effect until released by Dakin Natural Soils in writing or until notice is received by guarantee of indebtedness then existing.

Date _____ Signature _____ Print _____

Date _____ Signature _____ Print _____

Please Provide a copy off everyones drivers license