Section 1





Company

Bioline IPM Technical Specialist

CROP INFORMATION						
Field Crop		Glass Greenhouse	se Poly hous			
CROP	ACREAGE	CROP	ACREAGE OTHER		ER	
CUCUMBER	JCUMBER CUT FLOWER			CROP	ACREAGE	
ΤΟΜΑΤΟ		POTTED FLOWER				
PEPPER		BEDDING PLANT				
EGGPLANT		HERB				
STRAWBERRY POINSET		POINSETTIA				
OTHER BERRIES	5	CANNABIS				
				Total Acreage	0	

SHIPPING INFORMATION					
Address				City	
State/Pr	ov		ZIP/Postal	Code	
Contact	tact person			Phone	
Title				Cell	
Email				Fax	

BILLING INFORMATION (if different than shipping information)					
Address					
State/Provie	te/Provience ZIP/Posta		Code		
Contact person			Phon		
Title				Cell	
Email				Fax	

	Section 2					
	METHOD OF PAYMENT					
please	If you wish to pay by credit card, please complete section 2A only. If you want to open an account, please complete sections 2A and 2B; payment by credit card is mandatory until your credit application has been processed and approved.					
2A	PAYMENT BY CREDIT CARD					
Na	me of cardholder (as appears on card)				
Address of cardholder						

City	St	tate/Provi	ience				
ZIP/Postal Code	P	hone					
Email			Fax				
Card No			Security Co	de(CSC/CVV2)			
Exp. date (mm/y	yy) Ca	ard type (circle one)	Visa /	MasterCard		
Signature							
2B	CREDIT AP						
20	CREDIT AP	FLICAT					
	BANK INFORM		<u></u>				
Bank name	BANKINFORM		N Contact				
Address							
State/Prov.			City tal Code				
Phone	Email	219/905	tal Code				
		4					
Fax	Credit Limit requested	·					
	BUSINESS REFI	ERENCE	ES				
1- Company			Contact				
Address		·	City	,			
State/Prov.		ZIP/Pos	tal Code				
Email							
Phone		Fax					
2- Company			Contact				
Address		ļ	City	,			
State/Prov.		ZIP/Pos	tal Code				
Email		-					
Phone		Fax					
3- Company			Contact				
Address			City	,			
State/Prov.		7ID/Dos					
Email							
Phone		Fax					
Thone		Tux					
	CREDIT AGRE						
1- New Customers have Net 15 for the first 3 mos. After 3 mos terms to be determined							
2- A 2% interest per month will be charged on overdue accounts.							
3- Discrepancies must be reported within 7 days of product received date (no exceptions)							
4- A 2% discount will be applicable for invoices paid within 14 Calendar days after invoice date							
COMPANY AUTHORIZATION							
Name			Title				
Signature			Date				
			2410	l			

EXTRA INFORMATION: