

Please complete in full and send to:
Trilogy Ag Group, LLC
PO Box 146
Argyle, MN 56713

Or email to damonr@trilogyag.com



CREDIT APPLICATION

Legal Name of Entity: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone #: _____ Cell #: _____ Email: _____

Name of Individual(s) if a Corporation or Partnership: _____

SS # of Individual(s): _____

How Long in Business: _____ Private Pesticide Applicator License #: _____

Are you involved in any other business corporation or partnerships? No Yes Name: _____

CREDIT REFERENCE:

Bank Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____

Telephone No.: _____ Email: _____

CREDIT WORKSHEET: (Optional)

Crop	Acres	Estimated Yield	Total Production	Estimated Agronomy Inputs \$ per Acre	Total Estimated Agronomy Inputs \$/acre x Acres
Total				\$	\$

Products/Services Purchased (circle all that apply): Chemical Fertilizer Seed Custom Application Seed Treatment

CREDIT REQUESTED: \$ _____

Comments: _____

Name(s) of Individuals Authorized to Purchase for this Account: _____

If requesting more than \$100,000 with this application additional information may be required.

The undersigned hereby authorizes any bank, or other lender or grantor of credit, to provide Trilogy Ag Group, LLC, information regarding the character, reputation, financial responsibility and indebtedness of the undersigned as requested by Trilogy, for the purpose of evaluating the credit request of the undersigned, and hereby releases Trilogy, and any lender or grantor of credit from any and all claims or causes of action that may arise of which he/she might have by reason of information furnished Trilogy by said bank or other lender or grantor of credit.

Additionally, I authorize Trilogy to obtain my credit report for the purpose of evaluating this credit request. INITIAL _____

****Trilogy requires SS #'s and signatures of the largest shareholder of a corporation and anyone with 25% or more ownership**

Date _____ Signature _____