



Credit Limit \$ _____ Rep _____
Or

Cash Account Only Cust# _____

N110W13125 Washington Dr Suite A, Germantown WI 53022
(262) 703-0032 FAX (262) 735-0722

ACCOUNT APPLICATION

Company Name _____ Year Inc _____ State of Formation _____

Bill to Address _____ Email: _____

Bill to Phone _____ Fax _____ Contact Name _____

Ship to Address _____

Ship to Phone _____ Fax _____ Contact Name _____

Guarantor's Name & Social Security # _____

PO Contact _____ Phone# _____ Fax _____

AP Contact _____ Phone# _____ Fax _____

Tax Exempt# _____ Resale# _____ Duns# _____

PO#'s Required YES or NO Print Prices on Receipt? YES or NO

Applicator's License Number, Name, Expiration Date _____

GUARANTEE

In consideration of the extension of credit to the Company, the Company promises to pay to Clesen Holdings LLC ("Clesen ProTurf Solutions LLC") for all purchases from Clesen, plus a service charge of 1.5% per month on all past due balances. In the event any third party is employed to collect any outstanding balance, the Company agrees to pay all reasonable collection agency costs, including attorneys' fees, and all costs of litigation. The undersigned Guarantor represents that he/she has the authority to execute this credit application and agreement on behalf of the Company. In consideration of Clesen extending credit to the Company, Guarantor hereby guarantees as an officer/on behalf of the corporate entity, unconditionally and irrevocably, the prompt payment of all sums now or hereafter owned to Clesen by the Company.

Officer's Signature: _____ **Title:** _____ **Date:** _____

Please list name, address, phone# and fax# of three local companies with whom you charge.

Company Name _____ Account# _____

Phone# _____ Contact Person _____

Fax# _____

Company Name _____ Account# _____

Phone# _____ Contact Person _____

Fax# _____

Company Name _____ Account# _____

Phone# _____ Contact Person _____

Fax# _____

Bank Name _____ Account# _____

Phone# _____ Contact Person _____

Fax# _____

Subsidiary of:  Arthur Clesen Inc.
635 Margate Dr. Lincolnshire IL 60069 (847)537-2177 Fax (847)537-2210