



**Grower Credit Application  
AMERICOT FINANCE PROGRAM**

Applicant Name:		Monsanto Technology License #:
Legal Business Name:		SSN (Required) and FEIN (if applicable):
Legal Form Under Which Business Operates: *Corp. / LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>		Date of Birth (or # Years in Business, if Corp or LLC)
State of Formation:		
If Partnership, list names of partners:		
_____		
_____		
Mailing Address: (City, State, Zip)	Primary Phone:	Americot Sales Representative's Name:
Email Address:	Requested Credit Limit (if unknown, please estimate): \$	
Preferred Cottonseed Retailer (including address):		

**Bank Reference:**

**Trade References:**

Institution Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account #:	Account Opened Since:	Account Opened Since:
	Credit Limit:	Credit Limit:
	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of credit to be extended and I hereby authorize Americot, or its third-party consultant, to obtain any and all information pertaining to my personal or business credit history for the purposes of applying for a credit with Americot. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied, in order to verify the information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Credit Applications, along with a fully executed Grower Credit Agreement, should be emailed directly to: [credit@americot.com](mailto:credit@americot.com)

\*Corporations, LLCs or Partnerships are required to submit a personal guaranty along with the Credit Application and Grower Credit Agreement.

Rev. 11.08.18