

## APPLICATION FOR CREDIT ACCOUNT

1. ACCOUNT TYPE (check applicable block(s))

Veterinary Services User Fee  Plant Protection and Quarantine Reimbursable Overtime  Other Services (please specify): \_\_\_\_\_

2. APPLICANT NAME AND TITLE

3. FIRM NAME

4. DATE BUSINESS STARTED

5. BILLING ADDRESS

6. PHYSICAL LOCATION ADDRESS

7. TELEPHONE NUMBER

8. FAX NUMBER

( )

( )

9. ACCOUNT CONTACT NAME(S)

10. LIST FULL NAME, TITLE, HOME ADDRESS, AND TELEPHONE NUMBER FOR EACH PRINCIPAL OFFICER AND/OR OWNER

11. LIST OTHER TRADE NAMES, SUBSIDIARIES, BRANCHES, DIVISIONS, PARENTS, ETC.

12. ORGANIZATION TYPE

Individual  Partnership  Corporation  College or University  State Gov't  Federal Gov't Agency  Other (specify) \_\_\_\_\_

13. NUMBER OF EMPLOYEES

14. DO YOU OWN  YES OR RENT YOUR BUILDING  YES IF RENTING, FROM WHOM:

Name

Telephone Number ( )

15. IRS TAX IDENTIFICATION NO. OR APPLICANT'S SOCIAL SECURITY NO. (If either is not provided, credit will not be issued)

TAX IDENTIFICATION NUMBER:

SOCIAL SECURITY NUMBER:

16. FORMER BUSINESS LOCATION(S) FOR THE PAST SEVEN YEARS

### PRIVACY ACT STATEMENT

Section 552 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is to gather data that will be used to establish a credit account for the purchase of goods and services from the Animal and Plant Health Inspection Service. User fees are authorized by Section 2509 (c) (1) of the Food, Agriculture, Conservation and Trade Act of 1990, amended by the Omnibus Budget Reconciliation Act of 1990, referred to as the 1990 Farm Bill, (21 U.S.C. 136 and 136a and 21 U.S.C. 135). Information collected will be used by Federal employees who have a need for the information in the performance of their official duties. Additional disclosures of this information may be made to Federal, State, local, or foreign agencies in relation to investigations of civil, criminal, or regulatory investigations or prosecutions, to the court of competent jurisdiction, to the United States Department of Agriculture's office of Inspector General's Office in connection with user fees reviews, and to consumer reporting agencies in accordance with Section 3711 (f) of Title 31.

Your social security account number is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and Executive Order 9397, November 22, 1943, for use as a taxpayer and/or employee identification number. Disclosure of your social security number and other requested information is voluntary; however, failure to provide the information may result in disapproval of your request for credit.

# APPLICATION FOR CREDIT ACCOUNT *(Continued)*

17. CURRENT BANK FOR YOUR CHECKING ACCOUNT

NAME

ADDRESS

TELEPHONE NO: (        )

FAX NO: (        )

HOW LONG WITH CURRENT BANK \_\_\_\_\_

17. CURRENT BANK FOR YOUR SAVINGS ACCOUNT

NAME

ADDRESS

TELEPHONE NO: (        )

FAX NO: (        )

HOW LONG WITH CURRENT BANK \_\_\_\_\_

## 19. - 22. LIST THREE BUSINESS/PROFESSIONAL CREDIT REFERENCES

NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
PHONE NO: (        )	PHONE NO: (        )	PHONE NO: (        )
FAX NO: (        )	FAX NO: (        )	FAX NO: (        )

23. APHIS LOCATIONS TO BE NOTIFIED OF THE ACCOUNT NUMBER

## AGREEMENTS

This information contained in this application is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the agency to whom this application is made to investigate the information given herein pertaining to my/our credit and financial responsibilities.

It is hereby agreed that the USDA, APHIS, will be reimbursed by the applicant upon completion of services. Payment will be made at the rate(s) established for services in accordance with 7 CFR Part 354 and 9 CFR Parts 97 and 130.

If your company has more than one account, and any one account becomes past due, the entire company will be placed in a cash on delivery (COD) basis requiring payment at the time of service.

Incomplete applications may delay establishing an account.

Applicant's signature attests understanding, financial responsibility, authority, ability and willingness to pay all debts, interest, penalties, and administrative costs.

24. AUTHORIZED SIGNATURE(S) <i>(Seal(s))</i>	25. SIGNATURE NAME AND TITLE <i>(Type or Print)</i>	26. DATE
--	---	----------

27. REMARKS

## FOR OFFICIAL USE ONLY

ACCOUNT NUMBER(S) ASSIGNED	APPROVING ANALYST	DATE
----------------------------	-------------------	------

**AFTER COMPLETING THE FORM, SEND DIRECTLY TO:**

**USDA, APHIS, FMD, DMT  
100 North Sixth Street, Suite 510C  
Minneapolis, MN 55403**

**OR FAX TO: (612) 336-3563**

**FOR CUSTOMER SERVICE INQUIRIES, PLEASE CALL (877) 777-2128**