

NEXT DAY CONTAINER, INC. ACCOUNT APPLICATION

Name:		Phone:	
Address:		Fax:	
City:	State:	Zip:	E-mail:

TAX EXEMPT N _____ Y _____ TAX EXEMPT # _____

Partnership:		Proprietorship:		Corporation:		PO required:		Yrs. In Business:	
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Business Type: (mark all that apply)	<input type="checkbox"/> Ag Dealer	<input type="checkbox"/> Ag Consultant	<input type="checkbox"/> Agronomist	<input type="checkbox"/> Seed Agronomist	<input type="checkbox"/> Farm Mgmt
	<input type="checkbox"/> Farm Corporation	<input type="checkbox"/> Cooperative	<input type="checkbox"/> County Extension	<input type="checkbox"/> University/Ext/Research	<input type="checkbox"/> SWCD & NRCS
	<input type="checkbox"/> Compost/Solid Waste	<input type="checkbox"/> Limestone Testing	<input type="checkbox"/> Fertilizer Testing	<input type="checkbox"/> GLP Testing	<input type="checkbox"/> A & L Supplier
	<input type="checkbox"/> Feeds/Food/Vet	<input type="checkbox"/> Pesticide/Sales/Tech Rep	<input type="checkbox"/> Pesticide/Corporate Tech	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Laboratory
	<input type="checkbox"/> Lawn/Garden/Landscape	<input type="checkbox"/> Golf Course/Supplier	<input type="checkbox"/> Environmental Consultant	<input type="checkbox"/> Environmental Engineer	<input type="checkbox"/> Environ. Industry
	<input type="checkbox"/> Land Application	<input type="checkbox"/> Public Facilities	<input type="checkbox"/> County Agency	<input type="checkbox"/> State Agency	<input type="checkbox"/> Federal Agency
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipality			

PRINCIPALS OR OWNERS

Name:		Title:		Phone:	
Address:		City:		State:	Zip:
Name:		Title:		Phone:	
Address:		City:		State:	Zip:

BANK INFORMATION

Bank Name:		Phone:	
Address:	City:	State:	Zip:
Contact:	Checking Acct. Number:		

TRADE REFERENCES

Company:		Phone:	
Address:		Fax:	
City:		State:	Zip:
Company:		Phone:	
Address:		Fax:	
City:		State:	Zip:
Company:		Phone:	
Address:		Fax:	
City:		State:	Zip:

I understand that interest will be charged on past due balances at a rate of 1.5% monthly, 18% annual finance charge. If I fail to pay all amounts when due, I understand I will be liable for all costs of collection, including without limitation, attorney's fees. Terms: Net 30 days. I give Next Day Container, Inc. permission to obtain credit information from the above credit references. This information is to be kept confidential.

Signature _____ Title: _____ Date: _____

PLEASE FAX COMPLETED FORM TO: 574-735-2270

PHONE: 574-735-0908