



**BioFert Manufacturing Inc.**  
 464 Riverside Road  
 Abbotsford, BC V2S 7M1  
 Tel: 604-557-1496  
 Fax: 604-864-8418  
 www.biofert.ca

|                  |
|------------------|
| PST Exemption #: |
| Type:            |
| Group:           |

## Cash Account Application

|  |  |                                       |  |   |   |  |                                  |  |  |                                      |   |        |
|--|--|---------------------------------------|--|---|---|--|----------------------------------|--|--|--------------------------------------|---|--------|
| Account Name   |  | Full legal name or business name:     |  |   |   |  |                                  |  |  |                                      |   |        |
| Mailing Address  |  | Street:                               | City:                                  |   | Province:   | Postal Code:   |                                  |  |  |                                      |   |        |
| Delivery Address   |  | Street:                               | City:                                  |   | Province:   | Postal Code:   |                                  |  |  |                                      |   |        |
| Phones   | Area Code:                                   | Phone:                                | Fax:                                   |   | Cellphone:  |  |                                  |  |  |                                      |   |        |
| Internet   | Email Address:                               |                                       | Website:                               |   | <input type="checkbox"/> Check here if you consent to receive emails from us. You may withdraw consent at any time. |  |                                  |  |  |                                      |   |        |
| <b>Main Contact:</b>   |  | Full Legal Name:                      |  |   |   |  |                                  |  |  |                                      |   |        |
|  |  | Cell Phone:                           |  |   |   | DL #:  |                                  |  |  |                                      |   |        |
| <b>Second Contact</b>  |  | Full Legal Name:                      |  |   |   |  |                                  |  |  |                                      |   |        |
|  |  | Home Address:                         |  |   |   | Phone:   |                                  |  |  |                                      |   |        |
| <b>Operation Type</b>  |  |                                       |  | Total Acres Owned:  | Total Acres Leased:   | Years in Business:   | PST # or Farm ID #:              |  |  |                                      |   |        |
| Small Fruit/Field Veg <input type="checkbox"/>   | Field Floral & Bulb <input type="checkbox"/> | Forage/Ranch <input type="checkbox"/> | Garden Center <input type="checkbox"/> | Greenhouse Floral/Veg <input type="checkbox"/>  | Hydro-seeding <input type="checkbox"/>  | Landscape/Lawn Care <input type="checkbox"/>                               | Nursery <input type="checkbox"/> | Organic Farm <input type="checkbox"/>                        | Professional Turf <input type="checkbox"/> | Reclamation <input type="checkbox"/> | Tree Fruit/Grape <input type="checkbox"/> | Other: |
| <b>Proof of Commercial Operation*</b><br><i>(Must provide at least one copy of the following:)</i> |  |                                       |  | Folio, Tax Assessment # or Farmer ID Card (with Expiry Date) <input type="checkbox"/> |   | Pesticide Applicator's License (with Expiry Date) <input type="checkbox"/> |                                  | Business License (with Expiry Date) <input type="checkbox"/> |  |                                      |   |        |
| Crop:  |  | Acres:                                |  | Crop:   |   | Acres:   |                                  | Crop:  |  | Acres:                               |   |        |
| Crop:  |  | Acres:                                |  | Crop:   |   | Acres:   |                                  | Crop:  |  | Acres:                               |   |        |

\*Proof of commercial operation required for all commercial chemical purchases.

**I declare that the information in this application is true and correct in every respect.**

|                         |                                |
|-------------------------|--------------------------------|
| Signature of Applicant: | Name and Title (please print): |
|-------------------------|--------------------------------|

### Authority to Debit Credit Card for Purchases

I, \_\_\_\_\_, authorize BioFert Manufacturing Inc. to debit my credit card for purchases.

|  |  |                                     |
|--|--|-------------------------------------|
| Card Number:   | Expiry:  | Visa <input type="checkbox"/>       |
| Bank:  | Date:  | Mastercard <input type="checkbox"/> |
| Name on Credit Card:                                   | Signature of Card Holder:                            |                                     |
| Automatic Payment by Invoice: <input type="checkbox"/> | Automatic Payment Declined: <input type="checkbox"/> |                                     |