



**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> <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):
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### 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"/>		