



APPLICATION FAX NUMBER

1(209) 541-3156

STANISLAUS FARM SUPPLY FARM PLAN™ COVER SHEET

Please use this cover sheet to shorten the decision time and assist us in getting the proper credit for your needs. Use this cover sheet when faxing a credit application or requesting an increase for Regular or Special Terms credit limits.

Merchant Name: _____ Stanislaus Farm Supply _____

Merchant Number: _____ 25000118 _____ Merchant Contact: _____ Marilyn Wyrick _____

Merchant Phone Number: _____ (209) 541-3111 _____ Merchant Fax Number: _____ (209) 541-3156 _____

Please select one:

NEW Farm Plan Applicant

(Attach the completed Credit Application)

Social Security / Tax ID #: _____

Applicants Name: _____

EXISTING Farm Plan Customer

Farm Plan Account Number: _____

Customer Name: _____

* Please indicate your credit needs:

1. Regular Credit Limit Requested: \$ _____ 100.00 (minimum) _____

2. *Special Terms Limit Requested: \$ _____

(Limits requested over \$50,000 require financial information. See the Farm Plan application for details.)