



**Vital Fertilizers LLC**  
 1207 Business Park Drive Suite A-B  
 Mission TX 78572  
 Phone +1 (956) 581-7961  
 www.vitalfertilizers.com

## Dealer's Profile

Please Type or Print

Company Name:

DBA:

Phone:  Fax:

Mailing Address:  Street Address:

City:  State:  Zip:

Main E-mail:  Dealer's Website:

Company Organization:  Sole Proprietorship  Corporation  Partnership  Limited Liability

Tax ID #:  Date Organized:  /  /

### PRINCIPAL OFFICERS OR OWNERS

<b>1.</b>	Name: <input type="text"/>	Title: <input type="text"/>
	Home Address: <input type="text"/>	City: <input type="text"/>
	State: <input type="text"/>	Zip: <input type="text"/>
	Home Phone: <input type="text"/>	Cell Phone: <input type="text"/>
<b>2.</b>	Name: <input type="text"/>	Title: <input type="text"/>
	Home Address: <input type="text"/>	City: <input type="text"/>
	State: <input type="text"/>	Zip: <input type="text"/>
	Home Phone: <input type="text"/>	Cell Phone: <input type="text"/>
<b>3.</b>	Name: <input type="text"/>	Title: <input type="text"/>
	Home Address: <input type="text"/>	City: <input type="text"/>
	State: <input type="text"/>	Zip: <input type="text"/>
	Home Phone: <input type="text"/>	Cell Phone: <input type="text"/>

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### COMPANY SALES INFORMATION

Annual Sales:

Do you sell seeds, fertilizers or pesticides?

If yes, what percentage:  % Seed  % Fertilizer  % Crop Protection

List your main crop(s):  /  Crop 1/Acres  /  Crop 2/Acres  /  Crop 3/Acres

/  Crop 4/Acres  /  Crop 5/Acres  /  Crop 6/Acres

### Irrigation Type (%):

Crop 1:	<input type="radio"/> Drip	<input type="radio"/> Center Pivot	<input type="radio"/> Sprinklers	<input type="radio"/> Flood	<input type="radio"/> Dryland	<input type="radio"/> Other: _____
Crop 2:	<input type="radio"/> Drip	<input type="radio"/> Center Pivot	<input type="radio"/> Sprinklers	<input type="radio"/> Flood	<input type="radio"/> Dryland	<input type="radio"/> Other: _____
Crop 3:	<input type="radio"/> Drip	<input type="radio"/> Center Pivot	<input type="radio"/> Sprinklers	<input type="radio"/> Flood	<input type="radio"/> Dryland	<input type="radio"/> Other: _____
Crop 4:	<input type="radio"/> Drip	<input type="radio"/> Center Pivot	<input type="radio"/> Sprinklers	<input type="radio"/> Flood	<input type="radio"/> Dryland	<input type="radio"/> Other: _____
Crop 5:	<input type="radio"/> Drip	<input type="radio"/> Center Pivot	<input type="radio"/> Sprinklers	<input type="radio"/> Flood	<input type="radio"/> Dryland	<input type="radio"/> Other: _____
Crop 6:	<input type="radio"/> Drip	<input type="radio"/> Center Pivot	<input type="radio"/> Sprinklers	<input type="radio"/> Flood	<input type="radio"/> Dryland	<input type="radio"/> Other: _____

Describe your company's major business activities:

List all your company's branch offices and/or representatives:

Please describe your product storage facilities:

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Does your company have delivery services?  Yes  No

If yes, what type of equipment is used?

Does your company offer application services?  Yes  No

If yes, can you please explain process?

Do you sell water soluble fertilizers?

If yes, list them:

Projected sales for Soludrip® specialities for the next fiscal year:

### PERSONNEL INFORMATION

No. of Sales People:  Sales Area:

Sales Contact:

Name:  Title:

E-mail:  Cell Phone:

Accounts Payable:

Name:  Title:

E-mail:  Cell Phone:

Accounts Receivable:

Name:  Title:

E-mail:  Cell Phone:

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Authorized Buyer(s):

Name:

Position:

E-mail:

Cell Phone:

Name:

Position:

E-mail:

Cell Phone:

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### MARKETING INFORMATION

How long have you been in the agricultural business?

Do you sell fertilizer's specialities?

If yes, product name:  Crop(s):  Area:

Are you currently an agent or representative of any other company which manufactures product similar to Soludrip®?

If yes, name of companies:

What are your geographic sales for the above listed product(s)?

What competitors, if any, do business within your area?

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### BANKING INFORMATION

Bank Name:

Address:  City:

State:  Zip:

### BUSINESS REFERENCES

(3 references are required other than Bank reference)

Name:  Phone Number:

Address:  City:

State:  Zip:

Customer ID:

Name:  Phone Number:

Address:  City:

State:  Zip:

Customer ID:

Name:  Phone Number:

Address:  City:

State:  Zip:

Customer ID:

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### DISCLAIMER AND SIGNATURE

I affirm that all information provided herein is true and correct to the best of my knowledge and I authorize the references and/or any credit source to supply pertinent information to Vital Fertilizers LLC as needed. I am authorized to sign this document on behalf of the organization and have retained a copy of this agreement for my records.

Signature:

Name:

Title:

Date: