

**MATHESON**

ask. . . The Gas Professionals™

**Please return to:**

Matheson Tri-Gas, Inc.

Address

City, State Zip

FAX

Email

**CREDIT APPLICATION AND AGREEMENT****CUSTOMER BILLING CONTACT INFORMATION**

Applicant's Full Name or Corp Name (As filed with the Secretary of State): Digisol Farms LLC

Attention: Anthony Dibble - General Manager

Billing Address: 3104 Egret Terrace

City: Safety Harbor

County: Pinellas

State: FL

Country: USA

ZIP/Country Code: 34695

Billing Phone #: 727-314-9128

Billing Fax:

Billing Email: adibble@digisol.dev

Website address: <http://www.digisol.dev>

Requested Credit Limit: \$2,000.00

Invoices will be paid by: ☒ Applicant ☐ Other If other, provide complete name, address, & phone # below:What payment method do you anticipate paying with ☐ Check ☒ ACH ☐ EFT ☒ Credit Card ☐ Cash / Money Order

For payment questions call: Anthony Dibble

Title: General Manager

Phone #: 727-314-9128

Ext:

How would you like to receive your invoices/statements ☒ Email ☐ Fax ☐ EDI ☐ Mailed (\$3 fee / per invoice for mailing)

If Email/ Fax, please provide the email/fax # you'd like them to go to if different from billing information above:

Are Purchase Order Numbers (PO#'s) required? ☒ Yes ☐ No If yes, do you use ☐ Blanket PO# or ☒ Single Order PO# ☐ Both**CUSTOMER SHIPPING CONTACT INFORMATION**

Shipping Name (DBA): Digisol Farms LLC

Job #/Room #/Bldg. #:

Shipping Street Address: 3104 Egret Terrace

City: Safety Harbor

County: Pinellas

State: FL

Country: USA

ZIP/Country Code: 34695

Shipping Contact: Anthony Dibble

Title: General Manager

Phone #: 727-314-9128

Shipping Fax:

Shipping Contact Email: adibble@digisol.dev

**CUSTOMER AND CREDIT INFORMATION**

How long has your company been in business under the current name? 07/2019

Type of Business: Microgreens Distributor

Dun &amp; Bradstreet # (if known): 117861445

Previous Name or DBA and address:

Type of business: ☐ Sole proprietorship ☒ Partnership ☒ Corporation ☐ Other:

Date business started: 07/2019

If Corporation Date Incorporated: 07/2019

State of Incorporation: DE

Medical License #: N/A

Expiration Date:

Federal Tax ID #: 84-2479866

Is your company tax exempt: ☐ Yes ☒ No If Tax Exempt, include a copy of your exemption certificateHas your company ever filed Bankruptcy? ☐ Yes ☒ No If yes, when, where, and what is the status of the case?

If your company is currently being managed or undergoing the supervision of a trustee (court appointed or bankruptcy), Indicate the name, address, and phone # of the trustee:

Bank Name: Navy Federal Credit Union

Account #: 7121791003

Phone #: 877-418-1462



**INDIVIDUAL/SOLE PROPRIETOR INFORMATION**

Driver's License #:	State:	Social Security #:
Employer:	How long employed:	
Employer Address:	Employer Phone #:	
Local Contact (Relative or friend not at same address) Name:	Relationship:	
Address:	Phone:	

**BUSINESS/TRADE REFERENCES**

Company name: Building Authority of Jefferson County	Phone: 478-456-5852
Address: 417 Green St	Fax:
City, State ZIP Code: Louisville, GA,30434	Account #:
Type of account: Good Standing Relationship	Contact Person: Greg Sellars
Company name: Bravo Federal Consulting	Phone: 727-328-4693
Address: 3311 9th St N	Fax:
City, State ZIP Code: St. Petersburg, FL, 33704	Account #:
Type of account: Good Standing Relationship	Contact Person: Jason Haddad
Company name: Innovative Solutions	Phone: 813-764-4848
Address: 1215 E Comanche Ave	Fax:
City, State ZIP Code: Tampa, FL, 33604	Account #: A0064
Type of account: Wholesale Buyer	Contact Person: Jeffrey Zemba

**RESIDENTIAL PROPANE CUSTOMERS**

<input type="checkbox"/> Own Home <input type="checkbox"/> Rent Home	Mortgage Holder/Landlord Name:	
Current heating fuel:	Estimated Annual Usage:	Tank Size Required:
What propane appliances do you currently have or expect to install? <input type="checkbox"/> Central Heat <input type="checkbox"/> Space Heater <input type="checkbox"/> Cook Stove <input type="checkbox"/> Water Heater <input type="checkbox"/> Clothes Dryer <input type="checkbox"/> Other (List):		

**Residential Propane:** We are a supplier of propane. We do have a Budget Payment Program. The Budget Program is a perpetual program where your monthly payment is calculated on your expected propane needs for the upcoming propane season. This monthly amount may be adjusted throughout the season depending on your actual usage and the prevailing price of propane. The starting month is normally July. However, if a later start is accepted, your monthly payment will be higher during the first year to account for the missed months after July. It will then be re-adjusted for the next propane season. Ask your propane representative for more details.

The undersigned hereby acknowledges that this application is submitted for the purpose of obtaining credit. The undersigned hereby represents that the foregoing statements are true, correct, and complete. I also represent that I am authorized to provide this information and enter into this credit agreement with Matheson Tri-Gas, Inc. The holder of this application is authorized to verify or authorize others to verify all information, and I agree to notify your company or subsidiaries of any material change of facts within 30 days of such change. This credit agreement shall remain the property of Matheson Tri-Gas, Inc. or its assigns.

The following section must be signed by the customer for credit to be granted.

I agree to pay all invoices within agreed payment terms, and that all invoices will be considered past due after payment terms expire. If any invoices are not paid within terms of the invoice, I agree to pay Matheson Tri-Gas, Inc. all unpaid past due invoice balances with INTEREST thereon at the RATE OF INTEREST NOT TO EXCEED 1.5% PER MONTH on the overdue balance. If the invoice is not paid on demand, I agree to pay your reasonable attorney fees, court costs, and collection expenses, and agree that New Jersey law will govern any dispute. I also agree that any lawsuits regarding this debt will be filed in the county of Matheson Tri-Gas, Inc.'s choice in New Jersey and I will accept service of any papers filed by Matheson Tri-Gas, Inc. to collect this debt from me.

**ATTENTION ALL APPLICANTS:**  
YOU HEREBY AUTHORIZE MATHESON TRI-GAS, INC. ("MTG") TO INVESTIGATE YOUR FINANCIAL RESPONSIBILITY AND CREDIT WORTHINESS, INCLUDING OBTAINING CREDIT BUREAU REPORTS AND MAKING OTHER CREDIT INQUIRIES THAT MTG DEEMS NECESSARY. UPON YOUR WRITTEN REQUEST, MTG WILL INFORM YOU WHETHER MTG HAS OBTAINED A CONSUMER CREDIT REPORT AND THE NAME AND ADDRESS OF ANY CONSUMER REPORTING AGENCY THAT FURNISHED THE REPORT. YOU ACKNOWLEDGE AND AUTHORIZE THAT, WITHOUT FURTHER NOTICE, MTG MAY USE OR REQUEST ADDITIONAL CREDIT BUREAU REPORTS TO UPDATE MTG'S INFORMATION SO LONG AS YOUR OBLIGATIONS TO MTG ARE ONGOING.

SIGNATURES	
Signature	Printed Signature
Title:	Date: