

CREDIT APPLICATION AND AGREEMENT

Please return to:	
Matheson Tri-Ga	s, Inc.
Address	
City, State Zip	
FAX	
Fmail	

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 M	Attention: Anthony Dibble - General Manager								
Billing Address: 3104 Egret Terrace City: Safety Harbor									
County: Pinellas St			State: FL	Cou	untry: USA		ZIP/Country Code: 34695		
illing Phone #: 727-314-9128 Billing Fax: Billing Email: adibble@digisol.dev									
Website address: http://www.digisol.dev Requested Credit Limit: \$2,000.00					00				
Invoices will be paid by: Applicant Other If other, provide complete name, address, & phone # below:									
What payment method do you anticipa	ate paying with	Check	k 🛛 ACH	EF	T Credit Card	Cash /	Money Order		
For payment questions call: Anthony D	Dibble	1	Title: General N	/lana	ager	Phone #: 7	727-314-9128	Ext:	
How would you like to receive your inv	oices/statements	⊠ Em	ail Fax [E	DI Mailed (\$3 f	ee / per inv	voice for mailing)		
If Email/ Fax, please provide the email,	fax # you'd like the	m to go	o to if differen	t froi	m billing informatio	n above:			
Are Purchase Order Numbers (PO#'s) r	equired? 🛚 Yes	☐ No	If yes, do	you ı	use 🔲 Blanket PC	0# or ⊠	Single Order PO#	Both	
	CUSTOMER	SHIP	PING CON	ITA	CT INFORMA	TION			
Shipping Name (DBA): Digisol Farms LLC									
Job #/Room #/Bldg. #:									
Shipping Street Address: 3104 Egret Terrace City: Safety Harbor									
County: Pinellas St		State: FL	FL Country: USA ZIP/Country Code: 34			4695			
Shipping Contact: Anthony Dibble Title: 0			e: General Ma	eneral Manager					
Phone #: 727-314-9128	Shipping Fax:			Shipping Contact Email: ac			libble@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 & 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 certificate									
Has 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 #:	Account #: 7121791003			Phone #: 877-418-1462		

INDIVIDUAL/SOLE PROPRIETOR INFORMATION						
Driver's License #:	State:			Social Security #:		
Employer:			How long employed:			
Employer Address:			Emplo	Employer Phone #:		
Local Contact (Relative or friend not at same address) Name:				Relationship:		
Address:			Phone:			
BUSINESS/TRADE REFERENCES						
Company name: Building Authority of Jefferson Co	unty	Phone: 478-456-585	2			
Address: 417 Green St		Fax:				
City, State ZIP Code: Louisville, GA,30434		Account #:				
Type of account: Good Standing Relationship		Contact Person: Gre	g Sellars			
Company name: Bravo Federal Consulting		Phone: 727-328-469	3			
Address: 3311 9th St N		Fax:				
City, State ZIP Code: St. Petersburg, FL, 33704		Account #:				
Type of account: Good Standing Relationship		Contact Person: Jaso	n Haddad			
Company name: Innovative Solutions		Phone: 813-764-484	8			
Address: 1215 E Comanche Ave		Fax:				
City, State ZIP Code: Tampa, FL, 33604		Account #: A0064				
Type of account: Wholesale Buyer		Contact Person: Jeff	rey Zemba			

RESIDENTIAL PROPANE CUSTOMERS					
Own Home 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? ☐ Central Heat ☐ Space Heater ☐ Cook Stove ☐ Water Heater ☐ Clothes Dryer ☐ 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 Anthony Dibble			
Title: General manager	Date:			