

19. CURRENT BANK ACCOUNT INFORMATION

	CHECKING ACCOUNT	SAVINGS ACCOUNT
NAME OF FINANCIAL INSTITUTION		
ADDRESS		
TELEPHONE NUMBER		
FAX NUMBER		
YEARS ACCOUNT OPEN		

20. BUSINESS OR PROFESSIONAL CREDIT REFERENCES (list 3)

	REFERENCE 1	REFERENCE 2	REFERENCE 3
NAME			
ADDRESS			
TELEPHONE NUMBER			
FAX NUMBER			

21. APHIS LOCATIONS TO BE NOTIFIED OF THE ACCOUNT NUMBER

AGREEMENTS

This information contained in this application is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the agency to whom this application is made to investigate the information given herein pertaining to my/our credit and financial responsibilities. I/We have used services 6 times, plan on continuing to use services 6 times per year, and do not already have an account under this Federal Tax ID Number.
 It is hereby agreed that the USDA, APHIS, will be reimbursed by the applicant upon completion of services. Payment will be made at the rate(s) established for services in accordance with 7 CFR Part 354 and 9 CFR Parts 97 and 130.
 If your account becomes past due it will be placed in a cash on delivery (COD) basis requiring payment at the time of service.
 Applicants must attach their current W9 to send with the completed application; incomplete applications may delay establishing an account.
 Applicant's signature attests understanding, financial responsibility, authority, ability and willingness to pay all debts, interest, penalties, and administrative costs.

22. SIGNATURE NAME(S) AND TITLE(S)	23. AUTHORIZED SIGNATURE(S) (seals)	24. DATE

25. REMARKS

FOR OFFICIAL USE ONLY

26. ACCOUNT NUMBERS ASSIGNED	27. APPROVING ANALYST	28. DATE

AFTER COMPLETING THE FORM, SEND DIRECTLY TO:

**USDA, APHIS, FMD, FOB
 Attn: APHIS AR Team
 250 Marquette Ave, Suite 410
 Minneapolis, MN 55401**

OR EMAIL TO: ABSHelpLine@aphis.usda.gov