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**OMB Approved**  
0579-0055  
EXP. XX/XXXX

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

**APPLICATION FOR CREDIT ACCOUNT**

1. ACCOUNT TYPE *(check applicable blocks)*

- VETERINARY SERVICES USER FEE       PLANT PROTECTION AND QUARANTINE REIMBURSABLE OVERTIME       OTHER SERVICES *(specify):*

2. APPLICANT NAME AND TITLE

3. FIRM NAME *(As shown in Box 1 of your attached W9)*

4. DATE BUSINESS STARTED

5. BILLING ADDRESS

6. PHYSICAL LOCATION ADDRESS

7. TELEPHONE NUMBER

8. FAX NUMBER

9. EMAIL ADDRESS

10. ACCOUNT CONTACT NAME(S)

11. PRINCIPAL OFFICER(S) AND/OR OWNER(S) INFORMATION

	OFFICER OR OWNER	OFFICER OR OWNER	OFFICER OR OWNER
NAME			
TITLE			
HOME ADDRESS			
TELEPHONE NUMBER			

12. LIST OTHER TRADE NAMES, SUBSIDIARIES, BRANCHES, DIVISIONS, PARENTS, ETC.

13. ORGANIZATION TYPE

- INDIVIDUAL     PARTNERSHIP     CORPORATION     COLLEGE OR UNIVERSITY     STATE GOVERNMENT     FEDERAL GOVERNMENT AGENCY     OTHER *(specify):*

14. NUMBER OF EMPLOYEES

15. DO YOU OWN OR RENT YOUR BUILDING?

- OWN  
 RENT

16. IF RENTING, PROVIDE LANDLORD INFORMATION

NAME:

TELEPHONE NUMBER:

17. IRS TAX IDENTIFICATION NUMBER OR APPLICANT'S SOCIAL SECURITY NUMBER *(check one and provide the number. If not provided, credit will not be issued.)*

- TAX ID NUMBER  
 SOCIAL SECURITY NUMBER

18. FORMER BUSINESS LOCATION(S) FOR THE PAST SEVEN YEARS

**PRIVACY ACT STATEMENT**

Section 552 of Title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is to gather data that will be used to establish a credit account for the purchase of goods and services from the Animal and Plant Health Inspection Service. User fees are authorized by Section 2509(c)(1) of the Food, Agriculture, Conservation and Trade Act of 1990, amended by the Omnibus Budget Reconciliation Act of 1990, referred to as the 1990 Farm Bill, (21 U.S.C. 136 and 136a and 21 U.S.C. 135). Information collected will be used by Federal employees who have a need for the information in the performance of their official duties. Additional disclosures of this information may be made to Federal, State, local, or foreign agencies in relation to investigations of civil, criminal, or regulatory investigations or prosecutions, to the court of competent jurisdiction, to the United States Department of Agriculture's office of Inspector General's Office in connection with user fees reviews, and to consumer reporting agencies in accordance with Section 3711 (f) of Title 31.

Your social security account number is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011 (b) and 6109) and Executive Order 9397, November 22, 1943, for use as a taxpayer and/or employee identification number. Disclosure of your social security number and other requested information is voluntary; however, failure to provide the information may result in disapproval of your request for credit.

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 the account becomes past due it will be placed in a cash on delivery (COD) basis requiring payment at the time of service.

A current IRS Form W-9 is attached to the completed application; I/we acknowledge an incomplete application may delay establishing an account.

Applicants' signatures attest 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

**To protect the sensitive information in this application,  
it is recommended this form and attachments be emailed to [ABSHelp@usda.gov](mailto:ABSHelp@usda.gov).**

**Otherwise, use accountable mail or a similar service to send the packet to  
USDA APHIS FMD FOB, Attn: APHIS ARS Team, 250 Marquette Ave, Suite 410, Minneapolis, MN 55401.**

**For customer service inquiries, please call (877) 777-2128.**

**FOR OFFICIAL USE ONLY**

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