

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0055 and 0579-XXXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579-0055 and
0579-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 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