



CONFIDENTIAL WHOLESALE CREDIT APPLICATION & AGREEMENT

Thank you for your interest in doing business with our company! We welcome charge purchases to approved accounts. Please complete (type or print) and return this form to apply for credit approval.

Date: _____ Desired Credit Limit: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ FAX (____) _____

e-mail: _____ Website: _____

Tax Status: Pay Tax _____ Tax Exempt _____ If Exempt, Tax # _____

Business Organization: Individual _____ Partnership _____ Corporation _____

Date Business Started: _____ At Present Location Since: _____

Principal Owner(s): _____

President: _____ Vice President: _____

Manager: _____ Main Buyer(s): _____

Bank Reference: _____ Phone: (____) _____

Address: _____ City, State, Zip: _____

Checking Acct. #: _____ Loan Acct. #: _____ Savings Acct. #: _____

NURSERY TRADE REFERENCES ONLY - NURSERIES PURCHASED FROM WITHIN THE LAST TWO YEARS

NAME:	ADDRESS:	CITY:	STATE:	ZIP:	PHONE:
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____

CREDIT TERMS: Net 30 days. Cash for accounts that have not established credit with us. A discount of 3% may be deducted from an invoice if paid upon pickup or delivery. A 1-1/2% service charge per month (18% annual) will be charged on unpaid balance of past due accounts. Service charge must be paid before additional charges may be placed.

COLLECTION COSTS: If collection is necessary you promise to pay all costs of collecting the amount you owe under this agreement. These costs may include, but are not limited to, reasonable attorney fees, court costs and/or collection agency fees and all other fees permitted under state law and regulation.

QUESTIONS: If there is a question about your bill, please notify us in writing including a description of information needed. We will do our best to explain any discrepancies.

I (we) hereby acknowledge receipt of a copy of this credit application and agree to these terms:

SIGNED: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

Let's Grow Together!

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 (corner of White Oaks & Graf Roads)
 Harvard, IL 60033

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