



**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 which 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: \_\_\_\_\_

*'Helping Our Customers Grow.'*®

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