



# Twixwood Nursery

P.O. Box 247, Berrien Springs, MI 49103  
PH: (269) 471-7408 FX: (800) 854-1756

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Dear Customer:

Here is the credit application you requested. Please read it carefully, complete it thoroughly and legibly. It is very important that you **sign the bottom** of the Confidential Credit Application in both places. The trade reference area is critical for complete processing. Make sure you list at least three references. Including **fax numbers** for your references ensures faster processing.

Submit your completed form by faxing toll-free to **(800) 854-1756**. Please also mail a copy of the original to the following address:

**Twixwood Nursery  
P.O. Box 247  
Berrien Springs, MI 49103**

If you are **tax exempt**, we will need a copy of your certificate for our file. Please include it with your application; otherwise we will assume you are taxable.

Please allow a minimum of two weeks for processing. You will be notified by letter when your application has been approved. If you have any questions, please feel free to contact us.

The other forms in this packet are helpful for the efficient handling of your account by all of our departments (sales, shipping, etc.) so we appreciate you filling all of them out.

Sincerely,  
Twixwood Nursery Accounting Team

CONFIDENTIAL CREDIT APPLICATION

We welcome your interest in doing business with TWIXWOOD NURSERY, LLC. All information submitted will be kept in confidence and used solely to determine your line of credit. (Please allow a minimum of 2 weeks.) Return Fax: 800-854-1756.

Firm Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Do you need your invoices Mailed, [ ] Faxed [ ] or Emailed [ ] in addition to being delivered with your order?

Legal Status: Proprietor: [ ] Partner: [ ] LLC/Incorporated: [ ] (State) \_\_\_\_\_ On (Date) \_\_\_\_\_

Established \_\_\_\_\_ Present Location Since \_\_\_\_\_

Business type (Retail, Landscape, etc.) \_\_\_\_\_

Taxable Yes [ ] No [ ] (If "No" please supply a copy of exemption certificate) Tax ID#: \_\_\_\_\_

Table with 4 columns: OFFICERS/OWNERS/MEMBERS, TITLE, ADDRESS, PHONE. Includes horizontal lines for data entry.

TRADE REFERENCES: (Open account firms only. No credit cards please.)

Table with 3 columns: BUSINESS NAME, PHONE, FAX. Includes horizontal lines for data entry.

AMOUNT OF CREDIT DESIRED: \_\_\_\_\_

TERMS: Applicant is hereby advised that our regularly stated terms are 30 days NET. Past due accounts will be assessed a service charge of 1 1/2% per month or at a rate not to exceed lawful limits. All claims for errors must be reported upon receipt and confirmed by written memorandum within 10 days lest all consideration be waived.

ADDITIONAL PROVISIONS OF OUR COMPANY INCLUDE:

In the event it becomes necessary for our firm to file suit to enforce payment, we shall be entitled to court costs, attorney's fees and interest at the rate of 1 1/2% per month on all amounts due and payable.

Corporation officers herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm:

Individual: \_\_\_\_\_ Individual: \_\_\_\_\_
(Signature, Title, Date) (Signature, Title, Date)

I have read, understand, and accept the above terms, have provided true information to the best of my knowledge, and have retained a copy for my records. I authorize the above cited references to supply pertinent information as may be required to determine our credit capabilities.

APPLICANT: \_\_\_\_\_
(Signature of Responsible Officer) (Title) (S. S. #) (Date)

\*\*\*\*\* APPLICANT DOES NOT WRITE IN THIS SPACE BELOW \*\*\*\*\*

Previous Experience: \_\_\_\_\_ Disposition: \_\_\_\_\_

Reason: \_\_\_\_\_ Cr. Limit: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_



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## Sales Tax Exemption Certificate

We (the Undersigned) agree that all purchases made by our company are subject to sales tax.

We (the Undersigned) do not agree that all purchases made by our company are subject to sales tax as indicated below:

- Exempt from sales tax as they are for use or consumption in connection with the production of HORTICULTURAL or AGRICULTURAL products as a business enterprise.
- Exempt from sales tax as they are to be used or consumed in connection with the operation of an EXEMPT institution or agency named in the space provided below, and that the consideration for this purchase moves from the funds of the designated institution or agency.
- Exempt from sales tax as they are used for INDUSTRIAL PROCESSING.
- Exempt from sales tax as they are for RESALE AT WHOLESALE.
- Exempt from sales tax as they are for RESALE AT RETAIL. (If you check this box, enter your sales tax license number here \_\_\_\_\_.)

Should determination be made that any or all of this merchandise is used for a taxable purpose, it is agreed that tax, penalty and interest is the responsibility of the customer and will be paid to the seller.

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Title

\_\_\_\_\_  
Owner Signature/Authorized Representative

\_\_\_\_\_  
Date



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## Contact Information Form

Company Name: \_\_\_\_\_

Web Page Address: \_\_\_\_\_

Company Type:  Government & Education  Re-Wholesalers  
 Retail Garden Centers  Landscapers & Nurseries

**Primary Mailing Address:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Accounts Payable Contact Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

\_\_\_\_\_

**Buyer\*** Contact Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Fax Number(s): \_\_\_\_\_

Email Address(s): \_\_\_\_\_

Mailing Address(es) if Different: \_\_\_\_\_

\_\_\_\_\_

Other Contact Information we should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*NOTES: The Buyer should be the person(s) responsible for placing orders as well as the one(s) who will receive notice of special offers, yearly catalog, etc. Please use another sheet if you would like additional individuals included on this list.

**Please fill out Shipping/Delivery Information on the Shipping Information Survey.**

Please Fax this back to us at (800) 854-1756.

Updated 1/2010



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## Availability List Format Request Form

Please fax or mail this form to the above address

At Twixwood Nursery we value your privacy so we keep your information confidential and do not sell or share your address, fax number, email address or other information.

Company Name: \_\_\_\_\_

Buyer or Person Submitting this form: \_\_\_\_\_

Please do NOT send availability lists unless I request them.

Twixwood prepares several availability lists in different formats.

- ✓ Our **Standard Availability** list includes all items available for sale and in a saleable category. It will include items that are only landscape ready which means they are well rooted but the tops may be small or thin.
- ✓ Our **Bud & Bloom** list is designed with the retail setting in mind. All items on this list are full and ready for the retail shelves. The first couple of pages of this list contain the items that are in bud and bloom.

The lists are emailed/faxed from about April through September and are available online in the off season.

If you are getting the lists off our webpage or via email, we prepare both lists in an Adobe PDF format. We also prepare the Standard Availability in a Microsoft Excel format and hopefully we can start this for the Bud and Bloom list soon.

Because both lists are different, you may wish to request both of them.

Please send me the:

Standard Availability List (Includes Landscape Ready Plants)

Bud & Bloom Availability List (Retail Ready Plants Only)

Please send me this (these) list(s) by:

Fax: \_\_\_\_\_  
Please give the fax number

Email: \_\_\_\_\_  
Please give the email address

Please send it (them) to me:

Weekly

Every Other Week

Once a Month

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Online Availabilities: [www.twixwood.com/availability](http://www.twixwood.com/availability)

[www.twixwood.com](http://www.twixwood.com)



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## Shipping Survey

Company Name: \_\_\_\_\_

Name of Shipping/Receiving Person or Yard Manager: \_\_\_\_\_

Their Direct Line or Cell #: \_\_\_\_\_

Their Email Address: \_\_\_\_\_

Primary Yard or Shipping Address: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

What is the earliest time of day you can accept a delivery? \_\_\_\_\_

What is the latest time of day you can accept a delivery? \_\_\_\_\_

Can you receive a Semi? \_\_\_\_\_

Are there special directions for getting to your Yard or Primary Shipping Address? \_\_\_\_\_

Do you need Lift-Gate Service? \_\_\_\_\_

Do you have a Forklift or Bobcat with Forks? \_\_\_\_\_

Do you have any special instructions/questions? \_\_\_\_\_

Please Fax this back to us toll free at 800-854-1756. If possible please include a map to your location.

Thanks,  
Twixwood Shipping Team

Updated 1/2010