

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 (\_\_\_\_\_) \_\_\_\_\_ I would like to receive Twixwood availability via fax, circle one \_\_\_ Yes/No

Email Address \_\_\_\_\_ I would like to receive Twixwood availability via e-mail, circle one \_\_\_ Yes/No

Legal Status: ( ) Proprietor. \_\_\_\_\_ Partner. \_\_\_\_\_ Incorporated: (State) \_\_\_\_\_ in \_\_\_\_\_

Established \_\_\_\_\_ Present Location Since \_\_\_\_\_ Business type (Retail, Landscape, etc.) \_\_\_\_\_

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

OFFICERS/OWNERS: TITLE: RESIDENCE: PHONE:
( )
( )

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

BUSINESS NAME: PHONE: FAX:
( ) ( )
( ) ( )
( ) ( )
( ) ( )

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\*\*\*\*\*

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

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

PLEASE MAIL ORIGINAL COPY OF THIS FORM TO: P.O. BOX 247 BERRIEN SPRINGS, MI 49103