



SAWYER NURSERY.

5401 Port Sheldon Road, Hudsonville, MI 49426

Phone: (616)669-9094 (888)378-7800 Fax: (616)669-9310

CONFIDENTIAL CREDIT APPLICATION

Firm Name _____ Phone () _____ Fax () _____

Address _____ City _____ St _____ Zip _____
(If your address is a PO Box, provide 'ship to' street address also)

Legal Status: Partnership _____ Sole Owner _____ Corporation(State) _____ 19____ Type of Business _____

Year Established _____ At Present Location Since _____ Owned _____ Leased _____ Tax Exempt Nr _____

Officer's Names	Titles	Residence Address	Phone
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

REFERENCES

Firm Name _____ Phone () _____
Fax () _____ Contact Person _____ Account # _____
Address _____ City _____ St _____ Zip _____

Firm Name _____ Phone () _____
Fax () _____ Contact Person _____ Account # _____
Address _____ City _____ St _____ Zip _____

Firm Name _____ Phone () _____
Fax () _____ Contact Person _____ Account # _____
Address _____ City _____ St _____ Zip _____

Firm Name _____ Phone () _____
Fax () _____ Contact Person _____ Account # _____
Address _____ City _____ St _____ Zip _____

BANK

Name & Branch _____ Phone () _____ Fax () _____
Address _____ City/St _____ Zip _____
Contact: _____ Acct # _____

TERMS AND CONDITIONS

APPLICANT IS HEREBY ADVISED THAT OUR REGULAR TERMS ARE NET 30 DAYS. Past due accounts are subject to loss of any earned discounts. All claims for errors or unsatisfactory stock must be noted on delivery slip and confirmed by written memorandum within five days of receipt of shipment. Stock subject to claim must be held for disposition from us. Applicant agrees: (1) To pay all invoices when due. (2) Past due accounts are subject to service charges of 1.5% per month (18% per annum) (3) Upon default, the entire balance owing shall be due and payable. (4) if suit or action by an attorney becomes necessary, to pay attorney fees and court costs incurred, either with or without suit, including appeals. (5) In the event that the account is referred for collection, to pay cost of collection equal to a minimum amount of twenty-five percent of the principle amount. (6) Venue shall be in the state and county of creditor's choice (7) Creditor may contact the above references and credit bureaus to obtain credit information.

I HAVE READ AND ACCEPT THE ABOVE TERMS AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE. AS AN OFFICER OF THE COMPANY, THE UNDERSIGNED UNCONDITIONALLY AGREES TO ASSUME PERSONAL RESPONSIBILITY FOR DEBTS INCURRED IN THE NAME OF THE FIRM AND GUARANTEES PAYMENT OF ALL SUMS NOW OR HEREAFTER OWED BY APPLICANT TO CREDITOR.

Applicant and Title _____ SSN _____ Date _____