



SOUTH RIDING NURSERIES
APPLICATION FOR CREDIT

8010 INDUSTRIAL PARK CT
BRISTOW, VA 20136
(703) 327-5161 fax (703) 327-5091

Business/Firm Name: _____

Billing Address: _____

Physical Address: _____

Years at this address: _____ Phone: (____) _____ Fax: (____) _____

OWNERSHIP:

_____ Corporation _____ Established Date _____ Partnership _____ Individual _____ Other

- | 1. | Name(s) of Principal(s) | Title | Complete Address | Zip | Phone |
|----|-------------------------|-------|------------------|-------|-------|
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |

FINANCE:

Bank _____ Bank Address _____

Bank Officer or Department _____ Phone _____

Name on Credit Card _____ Credit Card # _____ Exp.Date _____

TRADE REFERENCES:

- | 1. | Name | Address | Phone | Contact |
|----|-------|---------|-------|---------|
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |

_____ Check here if cash and/or credit card sales are okay until credit is approved.

TERMS: Applicant is hereby advised that our regularly stated terms INCLUDE: 2% discount for payment within 10 days of invoice, 30 days NET. Past due accounts will be assessed a service charge of 1 ½ % per month or at a rate not to exceed lawful limits. All claims for errors or unsatisfactory stock must be on the Bill of Lading. In no case will claims be considered relative to orders which have not been paid in full within terms. Should errors occur or any stock prove to be untrue to name as labeled, within recognized tolerances, it is mutually agreed that our total liability, upon satisfactory proof, shall be limited at

our option to free replacement or refund of purchase price. Cancellations must be made in writing to be binding and cannot be accepted after stock has been dug or processed. Orders are accepted subject to prior bookings and with the understanding that we shall not be liable in the event of injury to crops from hail, fire, frost or other acts of God; or from other circumstances over which we have no control. In the event that it becomes necessary for our firm to file suit or turn an account over to our collection agency to enforce payment, applicant agrees that such suit may be brought in seller's home county at seller's option and seller shall be entitled to collection costs, court costs, attorney's fees and interest at the rate of 1 ½ % per month (**18% PER ANNUM**) on all amounts due and payable.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS, HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE, AND HAVE RETAINED A COPY OF THIS AGREEMENT FOR MY RECORDS. WE FURTHER AUTHORIZE THE CITED REFERENCES TO SUPPLY PERTINENT INFORMATION AS MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES.

(FIRM NAME) (DATED) _____
BY: _____
(SIGNATURE AND TITLE OF APPLICANT) (SOCIAL SECURITY NUMBER)

CORPORATION OFFICERS, PARTNERS OR PROPRIETORS HEREWITH ACKNOWLEDGE AND ASSUME PERSONAL RESPONSIBILITY FOR DEBTS INCURRED IN THE NAME OF THE FIRM:

(INDIVIDUAL) (DATED) _____

Please Do Not Write In The Space Below

VERIFICATION:

References checked by: _____ **Credit approved by:** _____

Reference results: _____ **Credit refused by:** _____

Date: _____ **Terms:** _____

Amount of Credit: _____