

Business Contact Information					
Company Name:					
Contact(s) Name:			Contact Cell Phone:		
Office Phone		Fax:	E-mail:		
Company Address:					
City:		State:		Zip:	
Sole proprietorship:	Partnership:	Corporation:	Other:		
Tax ID #:		SS#:			
Sales Tax Exempt? Yes_____		If yes, please provide a current copy of exempt or resale certificate We must charge tax if you cannot provide one.			
No_____					
Business & Credit Information					
Bank Name:					
Branch Address:		Phone:			
City:		State:		Zip:	
Type of Accounts:	Savings	Checking	Loan Types:		
Savings:					
Checking:					
Wholesale Pricing (For resale) & Charge Account					
***In order to obtain credit you must first establish a wholesale account and then conduct business with us for one year.					
***In order to obtain wholesale pricing you must be industry specific; landscape professional, garden center, floral shop					
I wish to apply for wholesale pricing as a landscape professional or garden center retail location as stated on my resale certificate. _____ Yes					
I wish to apply for a charge account with a pre-determind credit limit with Net 30 terms _____ Yes					

Wholesale Pricing

Please remember to read your wholesale customers buying guide for more details.

Trees & Shrubs 30% Off with no warranty

Perennials 20% Off with no warranty

Annuals 15% Off with no warranty

Hardgoods/Soils from retail 15% Off with no warranty

Bulk Materials from Wholesale yard at contractor rates

Charge Account & Credit Limit

I am applying for a credit limit of \$500.00 \$1,000

After your first year you may contact the office for a larger credit limit if needed.

PERSONAL GUARANTOR

I the undersigned, as a (title)_____ for the above company, hereby personally guarantee payment of any obligation of the above company whenever the company shall fail to pay the sum. It is understood that this guaranty is continuing and irrevocable. I hereby waive notice of default and consent to any modification or renewal of this credit agreement. The undersigned agrees to pay all delinquent amounts processed by an attorney and all associated with that process.

USE OF A CORPORATE TITLE SHALL IN NO WAY LIMIT THE PERSONAL LIABILITY OF THE PERSONAL LIABILITY OF OF THE PERSONAL

GUARANTY SIGNATURE.

NAME: (PRINTED):

ADDRESS:

TELEPHONE

SIGNATURE: _____ DATE: _____

1. All invoices are to be paid in full 30 days from the date of the invoice.
2. The undersigned hereby agrees that all amounts due are payable within approved credit terms and a delinquency charge shall be applied to any amount due not paid within that period in accordance with applicable maine state law.
3. The undersigned agrees to pay all collection costs, attorney fees and all other expenses incurred to collect past due balances.
4. The undersigned agrees to notify Sprague's Nursery & Garden Center, Inc. by certified mail of any pending change of ownership of the customer and further agrees to be liable for all purchases should the undersigned fail to comply with said notification.
5. The undersigned authorizes and instructs any person or consumer-reporting agency to compile and furnish Sprague's Nursery & Garden Center, Inc. with any information it may have or obtain in response to an inquiry from them. The undersigned further states that all of the above statements are true and complete and are made to Sprague's Nursery Garden Center, Inc.

Name Printed: _____ Signature: _____

Title: _____ Date: _____

Please provide your business trade references whom you have established credit lines with- Required

1. Business Name	
Business Address	
Conact Person	Phone
Credit Limit	Terms
2. Business Name	
Business Address	
Conact Person	Phone
Credit Limit	Terms
3. Business Name	
Business Address	
Conact Person	Phone
Credit Limit	Terms

For Credit Department Use Only

Findings and comments:

Credit Limit Approved for _____ Denied

Credit Limit Increased to _____

Reviewed by _____

Signature _____

Date _____

Wholesale Pricing Only

Wholesale Pricing Approved	Yes	No
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Tax Certificate Provided	Yes	No
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Notes: