

WHOLESALE CREDIT APPLICATION



Greenstreet Growers, Inc.

P.O. Box 410, Tracys Landing, MD 20779-0410
Phone – 410.867.9500 / Fax – 410.867.6130

Applicant Business Name: _____

Principal Owner Name: _____

Billing Address: _____

Shipping Address: _____

Phone Number: _____ Fax Number: _____

Billing Department Contact: _____ Direct Phone: _____

Email: _____

Type of Business: _____ In Business Since: _____

Federal Tax ID Number: _____ Sales & Use Tax License Number: _____

Please include copy of business Sales & Use Tax License Certificate if applicable

Are you Tax Exempt: Yes No Tax Exemption Number: _____

If tax exempt, please attach a copy of Certificate of Exemption

Terms Requested: C.O.D. Credit Card / Prepay Net 5 Days Net 10 Days Net 30 Days

If apply for credit-based terms, please fill out pages 2 & 3

Requested Credit Amount (If Applicable): _____

Are P.O. Numbers Required for All Orders? Yes No

PERSONAL GUARANTEE

In consideration of credit being extended by Greenstreet Growers, Inc. the undersigned does hereby personally guarantee the payment of such sums of money as may at any time hereafter become due and owing to Greenstreet Growers, Inc. from said applicant for merchandise sold to the applicant. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness. I do hereby waive notice of default, non-payment, and notice thereof, consent to any modification or renewal of the credit agreement hereby guaranteed and agreed to payment of reasonable attorney fees and costs incurred by Greenstreet Growers, Inc.

Authorized Signature Printed Name Title Date

FOR OFFICE USE ONLY

Customer Number: Terms: Date Approved:
Customer Level: Credit Amount: Credit Check Completed:

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CREDIT APPLICANTS – FILL OUT THE SECTIONS BELOW:

Trade References:

- 1.) Company Name: _____ Contact Name: _____
Address: _____
Phone Number: _____ Account Opened Since: _____
- 2.) Company Name: _____ Contact Name: _____
Address: _____
Phone Number: _____ Account Opened Since: _____
- 3.) Company Name: _____ Contact Name: _____
Address: _____
Phone Number: _____ Account Opened Since: _____

Bank Reference:

Institution Name: _____
Address: _____
Contact: _____ Phone: _____

TERMS OF WHOLESALE PURCHASING

All outstanding sums owed to Greenstreet Growers, Inc. will be paid in full within thirty (30) days from the date on the invoice(s). No extension of the payment period will be valid unless in writing, signed by Greenstreet Growers, Inc., its principles, agents or attorneys. Greenstreet Growers, Inc. reserves the right to place any account on C.O.D. basis without notice. A two percent (2%) per month interest rate (24% per year) will apply to all outstanding sums which are thirty (30) or more days overdue. Checks returned are subject to a \$35 processing fee.

By submittal of this application for credit, I do hereby accept the Terms as outlined above.

Authorized Signature Printed Name Title Date

Release of Information (Credit Applicants Only)

We declare that the above information is true, correct, and complete and is given to induce Greenstreet Growers, Inc. to extend credit. We authorize Greenstreet Growers, Inc. to make such credit investigation as Greenstreet Growers, Inc. sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks, and credit reporting agencies to disclose to Greenstreet Growers, Inc. any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of those terms and conditions

Company Name: _____

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____