

To: Customers applying for credit

From: Julia Cotter, Treasurer

Thank you for requesting a credit application. The attached application may be faxed back to the nursery at (603)435-5106 or emailed to [MNIFinance@MNIplants.com](mailto:MNIFinance@MNIplants.com), but an original copy should also be mailed and received by us in order to complete the application process. In general we do not extend credit to new customers, unless they have established credit at other nurseries.

Before returning the application, please make sure that you have signed in all the places requiring signatures. **Please note, all Corporation Officers must sign the application.** Also, in your reference list, we would appreciate references from the green industry and a fax number is extremely helpful in getting information to and from your references.

We will notify you by letter when your application is approved. If you have any questions, please call our financial department at 603-435-6626.

Nursery Industry

UNIFORM CONFIDENTIAL CREDIT APPLICATION & PURCHASE ORDER AGREEMENT

(For the wholesale trade; NOT for consumer or retail use)

We welcome your interest in doing business with our company! All information submitted will be held in strictest confidence and used solely to determine your line of credit. This form must be signed in the spaces indicated.

FIRM NAME \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

Name of Parent Company if Subsidiary \_\_\_\_\_ FAX:( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LEGAL STATUS (check one) \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP INCORPORATED IN: STATE \_\_\_\_\_,

YEAR ESTABLISHED \_\_\_\_\_ AT PRESENT LOCATION SINCE \_\_\_\_\_ OWNED \_\_\_\_\_ LEASED FROM \_\_\_\_\_

NATURE OF BUSINESS (i.e., Retail, Landscape, Etc.) \_\_\_\_\_

Table with 5 columns: OFFICERS/OWNERS NAMES, TITLES, AGES, RESIDENCE ADDRESS, TELEPHONE. Includes four rows of blank lines for entry.

TRADE REFERENCES (Please include references from the green industry). To expedite your application please make sure the Phone and Fax # is included.

Table with 2 columns: NAME, ADDRESS. Includes fields for Phone and Fax for each entry.

BANK REFERENCE: NAME & BRANCH \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Address \_\_\_\_\_ Officer/Dept. \_\_\_\_\_ Ck. Account # \_\_\_\_\_

Loan Account # \_\_\_\_\_ Savings Acct# \_\_\_\_\_ With \_\_\_\_\_

AMOUNT OF CREDIT DESIRED \$ \_\_\_\_\_

TERMS: Applicant is hereby advised that our regularly stated terms are net due 30 days. Past due accounts will be assessed a service charge of 1.5% per month or at a rate not to exceed lawful limits. All claims for errors or unsatisfactory stock must be reported upon receipt and confirmed by written memorandum within 10 days lest all consideration be waived. If payment is made using a credit card after the invoice due date, an additional 3% fee will be charged.

Agreed and accepted. Signed \_\_\_\_\_

**ADDITIONAL PROVISIONS OF OUR COMPANY INCLUDE:**

Millican's uses utmost care to keep varieties true to name and will replace any portion of the stock that may prove otherwise, or refund the purchase price for such portions. It is agreed that the original price shall be the maximum damages to which the purchaser is entitled. **NO GUARANTNEE OF GROWTH OR PRODUCTIVITY** is made on nursery stock sold at wholesale prices.

We accept all orders subject to crop conditions and the provision that same shall be void should injury befall our stock from hail, fire, frost, error in count or other causes beyond our control. All orders are accepted without liability for non-performance if labor shortages, delay in transportation, or other circumstances beyond our control should prevent us from making delivery.

*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 1.5% per month on all amounts due and payable. Agreed and accepted.*

Signed \_\_\_\_\_

**CORPORATION OFFICERS HEREWITH ACKNOWLEDGE AND ASSUME PERSONAL RESPONSIBILITY FOR DEBTS INCURRED IN THE NAME OF THE FIRM: ALL CORPORATE OFFICERS MUST SIGN IN ORDER FOR APPLICATION TO BE ACCEPTED**

Individual \_\_\_\_\_ Individual \_\_\_\_\_  
Signature Date Signature Date

Individual \_\_\_\_\_ Individual \_\_\_\_\_  
Signature Date Signature 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 OF THIS AGREEMENT FOR MY RECORDS. I further authorize the above-cited references to supply pertinent information as may be required to determine our credit capabilities.

Applicant \_\_\_\_\_  
Signature Social Security # Date

Please print name of signer \_\_\_\_\_

Note to Applicant: The application requires a signature in several places. Please check over to make sure it is properly completed. Thank you.