



Quail Run Nursery, Inc.

Post Office Box 226 · Millington, MD 21651

Tel. 800-587-3757 · Fax. 410-928-3532

Quality and Reliability for over 55 years

CONFIDENTIAL CREDIT APPLICATION & PURCHASE AGREEMENT

We appreciate your interest in doing business with our company. All information submitted on this application held in strict confidence, it is used solely to determine your credit eligibility. The greater the amount of information provided the more efficient we can be in processing. Please allow a minimum of two weeks. Thank you.

FIRM NAME _____ (if subsidiary) PARENT COMPANY _____

ADDRESS _____
STREET NAME / PO BOX NO. / SUITE CITY STATE ZIP

TEL.# _____ FAX.# _____ ALT. # _____ E-MAIL _____

FED. ID. # _____ MD SALES TAX EXEMPT # _____

NATURE OF BUSINESS: (i.e., retail garden center, landscape contractor, etc.) _____

BUSINESS STRUCTURE: CORPORATION ___ LLC ___ PARTNERSHIP ___ PROPRIETORSHIP ___ OTHER ___
IF INCORPORATED LIST STATE _____ YEAR _____

YEARS ESTABLISHED? _____ HOW LONG AT PRESENT LOCATION? _____ RENT/OWN/OTHER? _____

PRINCIPALS: (list all owners/officers/partners, include titles, address of residence & telephone numbers)

Credit amount desired: \$ _____ Type of Purchase Orders in use (verbal/written/none): _____

Authorized buyers other than principals listed above: _____

TRADE REFERENCES: (please provide complete information; names, addresses, tel./fax. numbers, contact names, accounts numbers, etc.)

- 1.) _____ 2.) _____

- 3.) _____ 4.) _____

BANK REFERENCES: (please provide complete information; names, addresses, tel. / fax. numbers, contact names, accounts numbers, etc.)

1.) _____ 2). _____

APPLICANT HEREBY ADVISED THAT OUR REGULARLY STATED TERMS ARE: NET 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.

REPORT IMMEDIATELY, ALL CLAIMS FOR ERRORS OR UNSATISFACTORY STOCK, PREFERABLY BY WRITTEN MEMORANDUM WITHIN FIVE DAYS OF RECEIPT LEST ALL CONSIDERATION WAIVED.

I/WE HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS. THE INFORMATION PROVIDED HEREIN IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE.

I/WE FURTHER AUTHORIZE THE ABOVE CITED REFERENCES TO SUPPLY PERTINENT INFORMATION AS MAY BE REQUIRED TO DETERMINE OUR CREDIT WORTHINESS.

SIGNATURE & TITLE OF AUTHORIZED AGENT

DATE

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DATE