

**East Coast Nurseries, Inc.    301 Reeves Ave    Riverhead, NY 11901**  
**PHONE (631)727-8887    FAX (631) 727-0195**

Nursery Industry  
 UNIFORM CONFIDENTIAL CREDIT APPLICATION & PURCHASE ORDER AGREEMENT  
 (For the wholesale trade; **NOT** for consumer or retail use)

For your convenience and to serve you more effectively, we encourage establishment of an open account. All information submitted will be held in the strictest confidence and used solely to determine your credit worthiness. It is not mandatory that all items be completed; however, the greater your participation the quicker your application can be acted upon. Please note that missing information may result in C.O.D. status. Please allow 2 weeks for processing.

FIRM NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Name of Parent Company if Subsidiary: \_\_\_\_\_  
 PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 BILLING ADDRESS (if different): \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 LEGAL STATUS: (x) \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INCORP in (STATE) \_\_\_\_\_ YEAR \_\_\_\_\_  
 YEAR ESTABLISHED: \_\_\_\_\_ AT PRESENT LOCATION SINCE: \_\_\_\_\_ OWNED: \_\_\_\_\_ LEASED FROM: \_\_\_\_\_  
 NATURE OF BUSINESS (ie Retail, Landscape, etc.): \_\_\_\_\_

OFFICERS/OWNERS NAMES:	TITLES:	AGES:	RESIDENCES:	TELEPHONE:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**(Place (x) beside person responsible for accounts payable)**

BANK NAME & BRANCH: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Officer/Dept: \_\_\_\_\_ Ck.Acct.No: \_\_\_\_\_  
 Loan Account: \_\_\_\_\_ Savings Acct No.: \_\_\_\_\_ With: \_\_\_\_\_

TRADE REFERENCES (Only provide firms with which you currently have an open account):

NAME:	ADDRESS: (street, city, state, zip)	TELEPHONE:	FAX:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Amount of Credit Desired: \$ \_\_\_\_\_**

TERMS: Applicant is hereby advised that our regularly stated terms are C.O.D., NET 30 days from ship date with credit approval. Past due accounts will be assessed a service charge of 2% per month (APR 24%) or by a rate not to exceed lawful limits. All returned checks will be subject to a \$20.00 charge. Prices are subject to change without notice. Discounts, if offered, are only good on payments received on or before invoice payment due date. All claims for errors or unsatisfactory stock must be reported upon receipt and confirmed by written memorandum within 10 days or all consideration will be waived.

**ADDITIONAL PROVISIONS OF OUR COMPANY INCLUDE:**

Accounts more than 90 days overdue will be returned to a CASH basis until delinquent balance is cleared. We reserve the right to re-evaluate your credit privileges for future purchases.

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. (This is in addition to any service charges, and is not to be considered in lieu of said service charges.)

Corporation officers hereby acknowledge and assume personal responsibility for debts incurred in the name of the firm.

INDIVIDUAL: \_\_\_\_\_ INDIVIDUAL: \_\_\_\_\_  
 Signature Title Date Signature Title Date

PRINTED NAME \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

**If you have signed as a corporation you will need to provide your Fed. Tax ID No: \_\_\_\_\_**

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: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE: \_\_\_\_\_

(Applicant does not write in this space)

Previous experience with applicant: \_\_\_\_\_ Disposition \_\_\_\_\_  
 Reason \_\_\_\_\_ CR Limit \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_