

Credit@Flowerwood.com  
FAX: (251) 964-6594  
FOR MORE INFO:  
1-800-858-3521

OR MAIL TO:  
FLOWERWOOD  
PO Box 665  
Loxley, AL 36551

# Credit Application

This is a credit application with Flowerwood Nursery, Inc. and its affiliated businesses, partners, incorporated and unincorporated divisions including but not limited to Flowerwood Mobile; Flowerwood Loxley; Flowerwood Grand Bay; Flowerwood Cairo; Flowerwood Bushnell; Flowerwood Ranburne; and Flowerwood. These various entities associated with Flowerwood Nursery are hereinafter collectively described as "Flowerwood".

Date: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Business / Corporate Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours of Operation (Important for Delivery): From \_\_\_\_\_ A.M. Until \_\_\_\_\_ P.M.

Days of Operation (Important for Delivery): From \_\_\_\_\_ Through \_\_\_\_\_

Circle One: Own or Lease

Company Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To Whom are Lease / Mortgage Payments Made? \_\_\_\_\_

Landlord or Mortgagee Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord or Mortgagee Phone: \_\_\_\_\_

Company Profile (Circle One): Corporation Partnership Sole Proprietorship Franchise

Date Business Established or You Assumed Control: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Nature of Business (Nursery, Landscape, etc.): \_\_\_\_\_ Sales Tax #: \_\_\_\_\_

State of Issue for Sales Tax #: \_\_\_\_\_ Fed. ID #: \_\_\_\_\_

Nursery License #: \_\_\_\_\_ DUNS #: \_\_\_\_\_ Credit Desired \$: \_\_\_\_\_

Has Your Company Ever Declared Bankruptcy? (Circle One): Y N

Has Corporation been registered with the Secretary of State? (Circle One): Y N

List all state(s) of registration, and date(s) of filing: \_\_\_\_\_ Annual Sales Volume: \_\_\_\_\_

Please list principals, sole proprietor, incorporators, or partners below:

Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to contact regarding payment: \_\_\_\_\_ Phone: \_\_\_\_\_

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# Credit Application (cont'd.)

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Bank References: Please list at least one bank and two long time creditors of your company willing to supply Flowerwood credit information.

Bank Name: \_\_\_\_\_ Type of Account: \_\_\_\_\_ When Opened: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name on Account \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

### Credit References

Creditor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Creditor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

For and in consideration of the extension of credit by Flowerwood to the above-named applicant, the applicant certifies and represents that the foregoing statements are true and correct. Flowerwood reserves the right to charge and customer agrees to pay a late charge at a rate equal to the lesser of the highest rate allowed by law or 1.5 % per month on the entire unpaid balance remaining unpaid for 30 days. Applicant agrees to pay a reasonable charge, as set by Flowerwood, on all returned checks. Any unpaid or delinquent accounts shall result in applicant paying for services or goods in advance. Any accounts with questionable credit or insufficient credit, or for any other legally sufficient reason, shall result in applicant paying for services or goods in advance, as deemed necessary at the sole discretion of Flowerwood. Financial statements, credit information, information supplied by Customer or by others on behalf of Customer, or agreements are part of this contract. Any false or misleading information constitutes a fraudulent misrepresentation. ANY CHANGE IN CUSTOMER'S OWNERSHIP OR ORGANIZATION IS DEEMED MATERIAL AND REQUIRES CUSTOMER TO IMMEDIATELY NOTIFY FLOWERWOOD NURSERY, INC. AND/OR FLOWERWOOD NURSERY SUBSIDIARIES: A NEW CREDIT APPLICATION AND ACCOUNT AGREEMENT WILL BE REQUIRED UPON SUCH CHANGE. The undersigned further agrees that should the account be turned over to an attorney for collection, to pay all costs of litigation, plus a reasonable attorney's fee, whether the same shall be collected by suit or otherwise.

Applicant authorizes Flowerwood to obtain oral or written credit reports from any credit reporting agency, individual, bank or commercial supplier, at its discretion. Applicant further authorizes the above named bank references, trade references and others listed to release any information which may bear upon applicant's credit worthiness to Flowerwood, which will assist them in the credit investigation, of either the applicant or the listed principals or partners, and to share said information among its various entities, as outlined above. Applicant authorizes reinvestigation of his credit from time to time as deemed necessary. Applicant permits a copy of this authorization to be used in place of the original.

Flowerwood complies with the Equal Opportunity Act and does not discriminate against applicants on the basis of race, color, religion, national origin, sex, marital status, or age. NOTICE: IT IS IMPORTANT THAT YOU THOROUGHLY READ THIS ENTIRE DOCUMENT BEFORE SIGNING. I am a duly authorized representative of my business, partnership or corporation, and have been granted express authority to bind the above listed business to the terms and conditions as stated above. Further, I have read this entire document, understand its terms and conditions, and agree to be bound by its provisions.

Duly authorized Representative: \_\_\_\_\_ Position: \_\_\_\_\_ Date of Application: \_\_\_\_\_

IF YOU ARE INCORPORATED AND DESIRE CREDIT, THE GUARANTY MUST BE SIGNED BY THE RESPONSIBLE OFFICER.

I personally guarantee the repayment of any obligation due to Flowerwood, by extension of the credit requested in this application. Further, I have read this entire document, understand its terms and conditions, and agree to be bound by its provisions. I further certify that I have never declared bankruptcy. I certify that I am not insolvent and that the company as listed in this application is in good standing with its creditors, to the best of my knowledge.

Guarantor Signature: \_\_\_\_\_ Date of Guarantee: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Rent or Own? (Circle One ) Y or N Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My Bank's Name: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Address of My Bank: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_