



Credit Application

PHONE: 866-915-4212

FAX: 440-352-0065

11335 Concord-Hambden Rd., Concord, OH 44077

Email: salesmanager@Grimes-Hort.com

Web Sites: www.Grimes-Hort.com

www.gardenleaders.com

Date: _____ Amount of Credit Requested \$ _____

Customer ID: _____ Sales Representative: _____

Credit granting decisions are based on credit references, years in business, and the owners credit report. Please complete all information requested. Incomplete applications will be returned with a request for the missing information. Please print all information.

OTHER INFORMATION

Corporate name: _____

Name known as: _____

Street Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Main Telephone No. _____ Cell Phone _____ Year Established _____

Fax No. for Shipping _____ Fax No. for Billing _____

Email Address _____

Business Type: Proprietorship _____ Partnership _____ Corporation _____

State Tax Exemption No. (If Applicable) _____ Rent or Own Property? _____

COMPANY OWNERS AND OFFICERS

Name _____ Title _____ Home Phone No. _____

Home Address _____ City _____ State _____ Zip _____

Name _____ Title _____ Home Phone No _____

Home Address _____ City _____ State _____ Zip _____

Name _____ Title _____ Home Phone No _____

Home Address _____ City _____ State _____ Zip _____

Accounts Payable Name of Bookkeeper _____ Title _____ Telephone No. _____

INTERNAL USE ONLY

References checked: Y _____ N _____ Credit Score _____ Credit Line Approved _____

CREDIT AUTHORIZATION

I understand that Grimes Horticulture, Inc. standard terms of sale is net 30 and that 2% per month (24% per annum) service charge will be added to past due balances. Additionally, I authorize telephone orders to be charged to the account and agree to be responsible for payment. In addition to suppliers provided as references, I understand that Grimes Horticulture will conduct an extensive credit search, including the use of Credit bureaus and agencies.

This agreement is our guarantee that all invoices and statements from Grimes Horticulture, Inc., for products shipped will be paid in full in accordance with the agreed terms. The undersigned will use any and all assets personally or professionally available to satisfy this agreement and will pay all amounts due plus any collection costs and attorney fees incurred in the collection of said indebtedness. The undersigned agrees that any legal proceedings used to effect payment shall be held in the state and county of Grimes choice.

(Hereinafter referred to as the "Company") of which I am (Title) _____, hereby personally guarantee to you any payment of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum, which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and identity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and any modification or renewal of the credit agreement hereby guaranteed, in the event the account becomes delinquent and is turned over to an attorney for collection, the undersigned guarantor agrees to pay all sellers collection costs including reasonable attorneys fees.

The undersigned agrees to notify Grimes Horticulture, Inc. well in advance by certified mail of any change in ownership of the purchaser and further agrees to be liable for all purchases made before and after change of ownership should the undersigned fail to comply with said notification. In the event that this guaranty is executed by more than one person then, in such event the liabilities and obligations of the undersigned hereunder shall be joint and several and the relative words herein shall be written as if in plural.

Facsimile Signatures. You agree that a facsimile copy on this account application bearing authorized signatures may be treated as an original.

I (we) further understand that Grimes Horticulture may at any time refuse to grant credit to me. I am (we are) authorized in my (our) capacity to bind my (our) firm for any and all credit that you advance to us.

Signature(s) _____ Date _____

The above signature authorizes your references to supply financial & credit information to Grimes Horticulture and it is understood that references cannot be held liable.

Continued on next page

Credit Application Continued

1. Please indicate your total dollar volume purchases (after discounts) for the past year for the following categories.

	Under \$1,000	\$1,000- \$2,500	\$2,500- \$5,000	\$5,000- \$10,000	\$10,000- \$25,000	\$25,000- \$50,000	Over \$50,000
Seeds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Your Comments/Suggestions _____

SUPPLIERS WHERE CREDIT IS ESTABLISHED FOR ONE YEAR OR MORE

1. Bank _____
 Street Address _____ City _____ State _____ Zip _____
 Telephone No. (____) _____ Contact _____ Account Number _____
 Fax # _____

2. Trade Reference _____ Product/Service Supplied _____
 Street Address _____ City _____ State _____ Zip _____
 Telephone No. (____) _____ Contact _____ Account Number _____
 Fax # _____

3. Trade Reference _____ Product/Service Supplied _____
 Street Address _____ City _____ State _____ Zip _____
 Telephone No. (____) _____ Contact _____ Account Number _____
 Fax # _____

4. Trade Reference _____ Product/Service Supplied _____
 Street Address _____ City _____ State _____ Zip _____
 Telephone No. (____) _____ Contact _____ Account Number _____
 Fax # _____

RUSH ORDER ENCLOSED FROM:

PLACE
STAMP
HERE



11335 Concord-Hambden Rd.
 Concord, OH 44077