

APPLICATION FOR CREDIT

TO:

6450 Wengerlawn Rd.
Brookville, OH 45309



Phone 937/884-7692
Fax 937/884-7692

WENGERLAWN NURSERY CO.

BY:

Name of firm or individual _____

Address _____ Years at this address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

OWNERSHIP: The following information must be provided.

Corporation

Partnership

Individual

Name(s) of Principal(s):

1. _____
name complete address phone

2. _____

3. _____

FINANCE:

Bank _____ Account number _____

Bank address _____ Phone _____

REFERENCES:

1. _____
business name complete address phone

2. _____

3. _____

We hereby apply for credit and certify that the above information is correct. Our understanding is that this information is for the use of your credit department only and will be held in strictest confidence. We also acknowledge the following: (1) payment is jointly, severally and unconditionally guaranteed within 30 days from the invoice date; (2) a service charge of 2% per month (24% per annum) will be assessed to all overdue accounts; (3) the principal owner(s) shall be personally liable for said account; (4) credit privileges may be withdrawn at any time without invalidating this agreement.

Date _____ Signed _____

Title _____