



NURSERY INDUSTRY UNIFORM CONFIDENTIAL
CREDIT APPLICATION
& PURCHASE ORDER AGREEMENT

Spring Meadow Nursery, Inc.
12601 120TH Avenue
Grand Haven, MI 49417
Phone 616-846-4729
Fax 616-846-0619

We welcome your interest in doing business with Spring Meadow Nursery, Inc.! All Information submitted will be held in strictest confidence and used solely to determine your line of credit. (Please Print)

Firm Name: _____ () _____ phone
(Address/City/State/ _____ () _____ fax
Zip, Include name of _____ () _____ mobile
Parent Company)

___ Proprietorship___ Partnership___ Incorporated in (State) _____ 20___ Year Established___
At present location since _____ Owned ___ Leased from: _____
Legal Status: FEIN _____ Nature of Business _____

Officers/Owners 1. _____ () _____ phone
(Name/Title/Address) _____ () _____ fax
(City/State/Zip)
2. _____ () _____ phone
_____ () _____ fax

Nursery Trade 1. _____ () _____ phone
References (Name/Title/Address) _____ () _____ fax
(City/State/Zip)
(Indicate firms from 2. _____ () _____ phone
which you are currently _____ () _____ fax
purchasing on open _____ () _____ phone
account) (High Credit _____ () _____ fax
of \$1,000.00+)
3. _____ () _____ phone
(Name/Title/Address) _____ () _____ fax
(City/State/Zip)

Bank Reference _____ () _____ phone
(Name/Branch/Address) _____ () _____ fax
(City/State/Zip)
Chk acct # _____ Loan acct # _____ Savings acct # _____

Authorization to release information: _____
(Authorized account signer required)

Terms: Applicant is hereby advised that our regularly stated terms are: 2% 10 Net 30. Past due accounts will be assessed a service charge of 1.5% per month or at a rate not to exceed lawful limits. In the event it becomes necessary for our firm to file suit to enforce payment, we shall be entitled to collection charges, court costs, attorney fees and interest at the rate of 1.5% per month on all amounts due and payable. The venue for such action shall be Ottawa County, Michigan. (See reverse side for additional information.)

Corporation officers herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm:

(Signature/Title/Date (Print Name) (Signature/Title/Date) (Print Name)

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.

(Signature of applicant/Title) (Print Name) (Date)

For Office Use Only Previous experience with applicant _____ Disposition _____
Reason: _____ Credit Limit _____ Date: _____ By: _____