



**CREDIT APPLICATION (net 30 days)**

Credit Amount Desired: \_\_\_\_\_

Applicant's Legal Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Nature of Business: \_\_\_\_\_ Business Legal Status: \_\_\_\_\_

Fed Tax ID #: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Purchase Orders Required?: \_\_\_\_\_ Authorized Buyers: \_\_\_\_\_

Officers (name & title): \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Trade References (name, address, phone, account number):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Bank Name: \_\_\_\_\_ Officer Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

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

Checking Acct #: \_\_\_\_\_ Savings Acct #: \_\_\_\_\_

**Terms of Credit:**

Applicant hereby agrees to the following terms: Payment is due net 30 based on the date of invoice. Applicant shall pay a service charge of 1.5% per month (18% per annum) or at a rate not to exceed lawful limits, whichever is lower, on all amounts not paid within stated terms. Should it become necessary to file suit to enforce payment, applicant consents that such suit shall be brought in the County of Medina, State of Ohio, and that Ohio law shall apply. Furthermore applicant shall pay all costs and expense of payment collection, including reasonable attorney fees and court costs, whether or not any legal proceeding is initiated. Applicant shall inform Howard's Nursery, Inc. in writing of any changes in its form of ownership within thirty (30) days of such change. Applicant consents to the warranty and return policies of Howard's Nursery, Inc. The current warranty and return policies are listed on the back of this form. These policies are subject to change without notice (check our web site for the most current version).

I have read, understand and accept the above terms and have provided the true information to the best of my knowledge. I further authorize the above cited references and bank to supply information as may be required to determine our credit capabilities.

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

**Please complete this application and return to: Howard's Nursery, Inc., 419 Medina Road, Medina, OH 44256**

**Tel: 330-239-6000**

**Fax: 330-239-5101**