

WHOLESALE CREDIT APPLICATION



Greenstreet Growers, Inc.

P.O. Box 410, Tracys Landing, MD 20779-0410
Phone – 410.867.9500 / Fax – 410.867.6130

Applicant Business Name: _____

Principal Owner Name: _____

Billing Address: _____

Shipping Address: _____

Phone Number: _____ Fax Number: _____

Billing Department Contact: _____ Direct Phone: _____

Email: _____

Type of Business: _____ In Business Since: _____

Federal Tax ID Number: _____ Sales & Use Tax License Number: _____

Please include copy of business Sales & Use Tax License Certificate if applicable

Are you Tax Exempt: Yes No Tax Exemption Number: _____

If tax exempt, please attach a copy of Certificate of Exemption

Terms Requested: C.O.D. Credit Card / Prepay Net 5 Days Net 10 Days Net 30 Days

***If apply for credit-based terms, please fill out page 2 ***

Requested Credit Amount (If Applicable): _____

Are P.O. Numbers Required for All Orders? Yes No

PERSONAL GUARANTEE

In consideration of credit being extended by Greenstreet Growers, Inc. the undersigned does hereby personally guarantee the payment of such sums of money as may at any time hereafter become due and owing to Greenstreet Growers, Inc. from said applicant for merchandise sold to the applicant. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness. I do hereby waive notice of default, non-payment, and notice thereof, consent to any modification or renewal of the credit agreement hereby guaranteed and agreed to payment of reasonable attorney fees and costs incurred by Greenstreet Growers, Inc.

Authorized Signature Printed Name Title Date

FOR OFFICE USE ONLY

Customer Number: Terms: Date Approved:

Customer Level: Credit Amount: Credit Check Completed:

