

# 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: \_\_\_\_\_

