



GREENSTREET
G R O W E R S

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 #:** _____

****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****

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

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

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

Requested Credit Amount (If Applicable): _____

Name of Purchaser(s): _____

Circle All Seasonal Plant Material That You Are Interested In:

Mulch & Hardgoods / Houseplants / Plant Rentals / Flowering Plants / Seasonal Annuals / Bedding Annuals

Annual Hanging Baskets / Perennials / Vegetables & Herbs / Chrysanthemums / Poinsettias / Trees & Shrubs

FOR OFFICE USE ONLY

Customer Number:

Terms:

Date Approved:

Customer Level:

Credit Amount:

Credit Check Completed:



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Trade References:

- 1.) Company Name: _____ Contact Name: _____
 Address: _____
 Email Address: _____ Phone Number: _____
- 2.) Company Name: _____ Contact Name: _____
 Address: _____
 Email Address: _____ Phone Number: _____
- 3.) Company Name: _____ Contact Name: _____
 Address: _____
 Email Address: _____ Phone Number: _____

Bank Reference:

Institution Name: _____
 Address: _____
 Contact: _____ Phone: _____

TERMS OF WHOLESALE PURCHASING

All outstanding sums owed to Greenstreet Growers, Inc. will be paid in full within thirty (30) days from the date on the invoice(s). No extension of the payment period will be valid unless in writing, signed by Greenstreet Growers, Inc., its principles, agents or attorneys. Greenstreet Growers, Inc. reserves the right to place any account on C.O.D. basis without notice. A two percent (2%) per month interest rate (24% per year) will apply to all outstanding sums which are thirty (30) or more days overdue. Checks returned are subject to a \$35 processing fee.

By submittal of this application for credit, I do hereby accept the Terms as outlined above.

Authorized Signature	Printed Name	Title	Date
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Release of Information:

We declare that the above information is true, correct, and complete and is given to induce Greenstreet Growers, Inc. to extend credit. We authorize Greenstreet Growers, Inc. to make such credit investigation as Greenstreet Growers, Inc. sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks, and credit reporting agencies to disclose to Greenstreet Growers, Inc. any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of those terms and conditions

Company Name: _____
 Authorized Signature: _____ Date: _____
 Printed Name: _____ Title: _____