



GARDEN MATERIALS, INC.

### CREDIT APPLICATION

Customer Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Website: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fed. Tax ID# \_\_\_\_\_ Resale Permit # \_\_\_\_\_ Contractor's Lic. # \_\_\_\_\_

Type of Business: \_\_\_\_\_ In business since: \_\_\_\_\_

Form of Business:  Corporation  LLC  Partnership  Individual or Sole Proprietorship

List all corporate officers, managing members, general partners, individual owners, and sole proprietors:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Office # \_\_\_\_\_ Mobile # \_\_\_\_\_ Home # \_\_\_\_\_ SSN: \_\_\_\_\_

Email: \_\_\_\_\_ Driver License # \_\_\_\_\_ State: \_\_\_\_\_ Exp.: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Office # \_\_\_\_\_ Mobile # \_\_\_\_\_ Home # \_\_\_\_\_ SSN: \_\_\_\_\_

Email: \_\_\_\_\_ Driver License # \_\_\_\_\_ State: \_\_\_\_\_ Exp.: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Office # \_\_\_\_\_ Mobile # \_\_\_\_\_ Home # \_\_\_\_\_ SSN: \_\_\_\_\_

Email: \_\_\_\_\_ Driver License # \_\_\_\_\_ State: \_\_\_\_\_ Exp.: \_\_\_\_\_

Names of people authorized to charge on your account: \_\_\_\_\_

Names of people authorized to rent our vehicles (must be 21 or older) (attach an additional page if needed):

Name \_\_\_\_\_ DOB \_\_\_\_\_ CDL# \_\_\_\_\_ Exp. Date. \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ CDL# \_\_\_\_\_ Exp. Date. \_\_\_\_\_

To whose attention should invoices be sent? \_\_\_\_\_

Would you like to receive your invoices and statements via Email? Email: \_\_\_\_\_

Do you require Purchase Orders? Yes / No

Have you ever applied for credit with Lyngso Garden Materials, Inc. under another name? Yes / No

If Yes, what name? \_\_\_\_\_

Have you ever had business failure? Yes / No If Yes, please use other side to give particulars.

Will you be renting our Trucks to haul our Materials to your jobsite? Yes / No If Yes, have your insurance company send us a Certificate of Insurance listing Lyngso Garden Materials, Inc. as an Additional Insured.

Bank References (please list names, addresses, and account numbers of local banks):

---

---

---

Trade References (please list names, addresses, phone & fax numbers, and account numbers of three references. Do not list credit cards.)

---

---

---

Approximate monthly credit requirements you expect: \$\_\_\_\_\_

## **Agreement and Personal Guarantee**

**I certify that I am either the individual owner of the Customer named above or that I am listed above as an officer, managing member, general partner, or sole proprietor of the Customer and am authorized by the Customer to sign this application on its behalf. I certify that all of the information stated above is true and correct. I agree that I am responsible for informing Lyngso Garden Materials, Inc. ("Lyngso") of any changes to the information above and that Lyngso may deny credit based on any such changes.**

**On behalf of the Customer I agree to Lyngso's terms which are: Net EOM. A discount is available if the account is paid in full by the 10<sup>th</sup> of the month, if that is indicated on the statement. A finance charge of 1.5% per month from the date credit is extended will apply to all amounts not paid by the end of the month in which the statement is issued. If the account become 30 days past due, credit will be suspended and future orders will be on a C.O.D. basis until the account is paid in full. Customer is responsible for all attorney's fees and other costs of collection regardless of whether legal action is commenced.**

**In consideration of credit being extended to the above-named Customer, I personally guarantee all indebtedness hereunder. I agree that this guarantee is an absolute, complete, and continuing one and that no notice of the indebtedness or any extension of credit already or hereafter contracted by or extended need be given. The terms may be re-arranged and/or extended without notice to me. I further agree that I will, within five days from date of notice that the account is past due, pay the amount due with all finance charges, attorneys' fees, and other costs of collection.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_