



**South**  
4316 Bluff Road  
Indianapolis, IN 46217

**North**  
4867 Sheridan Road  
Westfield, IN 46062

## Uniform Confidential Credit Increase Application

Firm Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Parent Company if Subsidiary: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

AP Contact: \_\_\_\_\_ AP Email address: \_\_\_\_\_

**CURRENT CREDIT LIMIT:** \$ \_\_\_\_\_ **NEW CREDIT AMOUNT DESIRED** \$ \_\_\_\_\_

**TERMS:**

*Applicant is hereby advised that our regularly stated terms are **30 days NET from invoice**. Past due accounts will be assessed a **service charge of 1 1/2 % per month** or at a rate not to exceed lawful limits. Payments are to be made by cash or company check or company credit card. All claims for errors or unsatisfactory stock must be reported upon receipt and confirmed by written memorandum within 2 days lest all consideration be waived. For accounts more than 60 days past due credit privileges may be revoked and COD only accepted.*

**ADDITION PROVISIONS:**

*Although we stock and maintain only healthy stock, it is subject to conditions beyond our control once it leaves the nursery. Therefore, no guarantee is offered as to the productiveness or life of the material we sell and will not, in any way be responsible for the results secured.*

*If any stock proves untrue to the description or variety name under which it is sold, we hold ourselves in readiness, on proper proof, to replace such stock free of charge or refund the original amount paid. We shall in no case be liable for any sum greater than the amount originally received for said stock.*

*In the event it becomes necessary for our firm to file suit to enforce payment, we shall be entitled to court costs, attorney's fees and interest at the rate of 1 1/2% per month on all amounts due and payable, and agreed upon venue is Marion County, State of Indiana.*

Officers / Owners herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm:

Individual: \_\_\_\_\_ Individual: \_\_\_\_\_  
*Signature Date Signature Date*

I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS; HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE, AND HAVE RETAINED A COPY OF THIS AGREEMENT FOR MY RECORDS.

\_\_\_\_\_  
Signature & Title of Authorized Officer \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

.....  
For office use only

Approved By: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Date: \_\_\_\_\_