



# Uniform Confidential Credit Application

For the Wholesale Nursery Trade

**South**  
4316 Bluff Road  
Indianapolis, IN 46217  
317-783-3233  
Fax 317-783-0544

**North**  
4867 Sheridan Road  
Westfield, IN 46062  
317-877-0188  
Fax 317-877-2238

We welcome your interest in doing business with our company. For your convenience and to serve you quickly and completely, we encourage establishment of an open account. All information submitted will be held in strictest confidence and used solely to determine your line of credit. Please allow a minimum of two weeks for processing.

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

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

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

Email address: \_\_\_\_\_

Legal Status:

\_\_\_\_\_ Proprietorship    \_\_\_\_\_ Partnership    \_\_\_\_\_ LLC    \_\_\_\_\_ Incorporated in \_\_\_\_\_ Federal ID # \_\_\_\_\_  
Year

Year established: \_\_\_\_\_ At present location since: \_\_\_\_\_ Owned \_\_\_\_\_ or Leased from: \_\_\_\_\_

Nature of Business (i.e. Landscaper, Garden Center, Municipality, Golf Course, etc.) \_\_\_\_\_

Officers / Owners Names	Title	Residence	Telephone
( ) _____	_____	_____	_____-_____-_____
( ) _____	_____	_____	_____-_____-_____
( ) _____	_____	_____	_____-_____-_____
( ) _____	_____	_____	_____-_____-_____

(√) Person responsible for Accounts Payable

TRADE REFERENCES: (Indicate firms from whom you are currently purchasing with an open account. **Fax numbers are required**)

Company name: \_\_\_\_\_ Fax \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Company name: \_\_\_\_\_ Fax \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Company name: \_\_\_\_\_ Fax \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Company name: \_\_\_\_\_ Fax \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

### Brehob Nurseries, LLC. - Uniform Confidential Credit Application

**BANK REFERENCE:**

Name & Branch: \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Officer/Department \_\_\_\_\_ Ck account # \_\_\_\_\_ Loan account #: \_\_\_\_\_

Savings account # \_\_\_\_\_ with (if different than above): \_\_\_\_\_

AMOUNT OF CREDIT DESIRED: \$ \_\_\_\_\_

**TERMS:**

*Applicant is hereby advised that our regularly stated terms are **30 days NET**. 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. We cannot accept credit card payments on Net 30 accounts. 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 30 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: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Signature Date*

Individual: \_\_\_\_\_ SSN: \_\_\_\_\_  
*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. I FURTHER AUTHORIZE THE ABOVE CITED REFERENCES TO SUPPLY PERTINENT INFORMATION AS MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



For office use only

Previous experience with applicant: \_\_\_\_\_

Reason: \_\_\_\_\_ Credit limit: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_