

Uniform Confidential Credit Application & Purchase Agreement  
(For the Wholesale trade; Not consumer or retail use)

We Welcome your interest in doing business with our company! For your convenience and to serve you more speedily 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. It is not mandatory that all items be completed; however, the greater your participation the quicker your application can be acted upon allow a minimum of two weeks for processing.

Firm Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
 Name of parent company if subsidiary: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Legal Status: \_\_\_\_\_ Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Incorp. In (State): \_\_\_\_\_ 20\_\_\_\_  
 Year Established: \_\_\_\_\_ At present location Since: \_\_\_\_\_ Owned: \_\_\_\_\_ Leased From: \_\_\_\_\_  
 Nature of Business: ( i.e., Retail, Landscape, etc.) \_\_\_\_\_

Officers/Owners Names:	Titles:	Ages:	Residences:	Telephone
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	(____) _____

( Place X besides person responsible for accounts payable)

Trade References: ( Indicate firms from whom you are currently purchasing an open account)

Name:	Address:	City:	State:	Zip:	Telephone:
_____	_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	_____	(____) _____
_____	_____	_____	_____	_____	(____) _____

Bank Reference: Name & Branch \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ Officer/Dept. \_\_\_\_\_ Ck. Account # \_\_\_\_\_  
 Loan Account: \_\_\_\_\_ Savings Account # \_\_\_\_\_ With: \_\_\_\_\_  
 Amount of credit Desired \$ \_\_\_\_\_

Terms: Applicant hereby acknowledges and agrees that full payment of this account is due within (30) days from the date of the invoice. Purchaser may have more time to pay, but only if purchaser will pay a time period differential in addition to the prices shown on the invoice. The time priced differential is equal to (2%) per month of all invoices which are still unpaid thirty (30) days from the date of credit terms. The company has the right to require full payment of all past due balances, including all time prices differential charges at any time after (30) days from the date of the invoice.

Corporation Officers Herewith Acknowledge and Assume Personal Responsibility for Debts Incurred in the Name of the Firm:

Individual: _____	Individual: _____
Signature      Title      Date	Signature      Title      Date
Individual: _____	Individual: _____
Signature      Title      Date	Signature      Title      Date

I have read, understand, and accept the above terms, Have provided true informed 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 my be required to determine our credit capabilities. Applicant Further agrees that if suit is necessary that such may be brought in Ashland County, OH.

Applicant: \_\_\_\_\_  
 (Signature & Title of Responsible officer)      (Soc. Security #)      (Date)

Forward to:	Hobby & Associates/ Hobby Nursery 570 Township Road 2152 Loudonville, OH 44842	800-36-HOBBY (800-364-6229) 419-368-3314 . 419-368-8110 Fax <a href="mailto:hobbynursery@zoominternet.net">hobbynursery@zoominternet.net</a>
-------------	--	--