

411 North State Route 235
New Carlisle, OH 45344-2149



Phone: (937) 845-3821
(800) 878-2987
Fax (937) 845-9731

APPLICATION FOR CREDIT

FIRM NAME _____

BILLING ADDRESS _____
STREET ADDRESS CITY STATE ZIP AREACODE - TELEPHONE

SHIP TO ADDRESS _____
STREET ADDRESS CITY STATE ZIP AREACODE - TELEPHONE

NURSERY DEALER'S LICENSE _____ FAX NO. _____

Check one:

Corporation - List Officers: _____
 Partnership - List Partners: _____
 Proprietorship - List Owner: _____

____ Years in business Location: Lease/Rent Taxable: _____
at this location Owned If not _____
Credit Line Requested: _____ Vendor's License # _____

Bank _____ Comm'l Acct. No. _____
Address _____ City _____ State _____ Zip _____
Phone _____ Contact _____

REFERENCES: (Please furnish **COMPLETE** information)

Firm Name	Street Address	City	State & Zip	Phone	Fax

NOTE: All information submitted is held in strictest confidence; sole use to qualify application and determine line of credit. It is not mandatory that all items be completed; however, the greater your cooperation, the quicker your application can be processed. For your protection as well as ours, your signature as applicant is required (sign line 2 below).

CREDIT TERMS: Application hereby agrees to pay service charge of 1 1/2% per month on all over-due accounts. In the event that it becomes necessary for Scarff's Nursery, Inc. to file suite to enforce payment, applicant agrees that such suit may be brought in Clark County, Ohio, as seller's option, and seller shall be entitled to court costs and attorney's fees both on trial and on appeal and interest at the rate of 1 1/2% per month on all amounts found to be due and payable. All claims for errors or unsatisfactory stock must be reported upon receipt and confirmed by written memorandum within 10 days lest all consideration be waived.

Corporation officers, partners and proprietors herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm. The consideration for this guarantee is the continued extension of credit to the firm by Scarff's Nursery, Inc. (sign line 1 below).

Line 1. Dated _____
Individual Signature _____ Printed Name _____

AGREEMENT: I hereby certify the foregoing to be true to the best of my knowledge and agree to abide by the terms set forth herein.

Line 2. Dated: _____
Signature/Title of Responsible Officer _____ Soc. Security # _____