

APPLICATION FOR CREDIT

(Please Print or Type)

GREEN VELVET SOD FARMS, LTD

3620 Upper Bellbrook Rd

Bellbrook, OH 45305

Telephone: 937-848-2501 Fax: 937-376-1153

E-mail: info@greenvelvet.com

The following information is to be used for the purpose of opening a credit account only, and is to be held in the strictest confidence.

As a new account,

agrees to pay amounts charged to our account, plus any carrying charges / service charges, no later than invoice due date. We hereby acknowledge and agree to a pay a **FINANCE CHARGE of 2% PER MONTH, (24% PER YEAR) WHICH WILL BE ADDED TO ANY PAST INVOICE NOT PAID BY DUE DATE.** In the event that the undersigned credit applicant defaults on his / her payment obligations, the undersigned will be liable to Green Velvet Sod Farms, LTD for the outstanding balance of the account, as well as for all damages resulting from said default, including, but not limited to any legal fees, prejudgment interest, penalties, default or collection cost, and attorney fees. Any legal action taken to collect on this account shall be filed in the State of Ohio courts in Greene County, Ohio, either Common Pleas or Municipal, based upon the amount of the claim.

COMPANY OFFICER SIGNATURE _____ TITLE: _____ DATE: _____

Until credit is approved, all orders will be C.O.D. (Cash, Check or VISA/MC)

APPLICATION

SUBMITTED BY: _____ TITLE _____ DATE _____

LEGAL COMPANY / FIRM NAME UNDER WHICH ACCOUNT IS TO BE BILLED

BILLING ADDRESS

STREET _____ CITY _____ STATE _____ ZIP _____

SHIP TO ADDRESS (If different from above)

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER: () _____ FAX NUMBER: () _____

MOBILE NUMBER: () _____

E-MAIL ADDRESS: _____

FEDERAL ID # OR SSN #: _____

VENDOR'S LICENSE #
AND COUNTY OF ISSUE: _____

GREEN VELVET SOD FARMS, LTD – CREDIT APPLICATION

LEGAL COMPOSITION:

_____ CORP. _____ PROPRIETORSHIP _____ GENERAL PARTNERSHIP
_____ LTD.PARTNERSHIP _____ LIMITED LIABILITY COMPANY _____ OTHER/TYPE _____

DATE OF FORMATION: _____

IS SALES TAX APPLICABLE TO THIS ACCOUNT? YES _____ NO _____

IF TAX EXEMPT, PLEASE STATE REASON: _____

IF TAX EXEMPT, PLEASE ATTACH TAX EXEMPTION FORM:

INCORPORATORS OR OWNERS / SHAREHOLDERS:

NAME	HOME ADDRESS	PHONE / FAX	SSN #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

OFFICERS:

NAME	HOME ADDRESS	PHONE / FAX	SSN #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

LOCAL TRADE REFERENCES (Excluding Banks, Dept. Stores, Utilities, and Credit Cards):

NAME	ADDRESS	PHONE / FAX
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

BANK REFERENCES:

NAME	ADDRESS	PHONE /FAX	ACCOUNT #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

<p>FOR GREEN VELVET SOD FARMS, LTD OFFICE USE ONLY</p> <p>DATE RECEIVED _____</p> <p>DATE APPROVED _____</p> <p>BY _____</p> <p>CREDIT LIMIT _____</p>
