



Corporate Membership

Customer # _____ Date _____

PATUXENT NURSERY WHOLESALE MEMBERSHIP APPLICATION

Applicant: By filling out and signing this application, you are applying for a Patuxent Nursery Corporate Wholesale Account. If you sign this application, you agree that all information is true and complete, and that Patuxent Nursery is responsible for determining membership eligibility. If you are applying for credit, you authorize Patuxent Nursery to check with credit reporting agencies and credit references to verify information on this application. You do not need to apply for credit to be a wholesale member, but you do need to be a wholesale member to have credit.

Corporate Membership Information

Business Name _____ Line of Credit Requested \$ _____

Phone (_____) _____ Fax (_____) _____

Street Address _____ Email _____

City _____ State _____ Zip Code _____

D/B/A _____ Federal Tax ID# _____

Type of Business _____ Date Established _____ How long in Business _____

Mortgage holder/Landlord _____

Address _____ Phone # _____

No. of Employees _____ Est. Annual sales _____ Sales Area _____

Does State, County, or City require a License? Yes No If Yes, License # _____

OWNERSHIP: Sole Proprietorship Partnership Corporation

PRINCIPAL: _____
(NAME) (Title) (SS#)

PRINCIPAL: _____
(NAME) (Title) (SS#)

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2410 North Crain Highway Bowie, Maryland 20716
Phone: 301.218.4769 Fax: 301.218.5120
ar@patuxentnursery.com

Credit Application

CREDIT/TRADE REFERENCES:

NAME	E-MAIL	PHONE# or FAX#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK REFERENCES:

(Name)	(Address)	(Acct #)	(contact)
(Name)	(Address)	(Acct #)	(contact)
(Name)	(Address)	(Acct #)	(contact)

Has the firm or any of its principals ever been Bankrupt? Yes No

If Yes, explain _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed Net 30 Days and agrees to pay a service charge per month of 2% per month (24% annual percentage rate) on all past due balances. This will occur at the end of every month. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

(Name of Business)		
(Print Name)	(Title)	(Signature)

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Authorized Signers

If you wish to authorize signers on your account, please print their names below. We can also attach a photo of your employee for added security. If you wish to take advantage of this feature, please provide a jpeg photo with their name. Email to ar@patuxentnursery.com

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

By signing this form, I _____ agree the preceding names and pictures I provided are allowed to make purchases on our Patuxent Nursery Account. If there is a change in the information provided today, it is our responsibility to notify Patuxent Nursery in writing immediately to update their system.

Signature

Date

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Credit Card on File

I, _____ agree that Patuxent Nursery, LLC has permission to have our Credit Card on file.

Account # _____
(circle one of the following) Visa/ MasterCard/ Discover

3 Digit Security Code # (located on the back of the card) _____

Exp. Date _____ MM/YYYY Zip Code _____

I hereby agree that Patuxent Nursery, LLC may charge my credit card at the time of purchase. In signing this document, I hereby authorize and direct my credit card company to accept this document as evidence that Patuxent Nursery, LLC has my signature on file and has permission to process submitted charges related to purchases made by me and/or the company. I also know that in the event that my credit card information should change, I am to notify Patuxent Nursery, LLC in writing immediately.

The full name embossed on the credit card is:

(Please print exactly as it appears on the Credit Card)

Cardholder Signature _____

Date: _____

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Statement & Invoice Options

A statement is generated and sent at the end of each month. Patuxent Nursery, LLC offer two options to help monitor your account. Please select how you would like to receive your account information.

_____ 1) Email your statement only

_____ 2) Email your Invoices at the time of purchase, and receive your statement at the end of the month

This information can be sent to multiple recipients. Please provide the email addresses you would like us to email. If this information changes, it is your responsibility to notify Patuxent Nursery, LLC in writing immediately so we can change our info.

1. _____

2) _____

3) _____

4) _____

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Personal Guarantee

In consideration for Patuxent Nursery LLC extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Patuxent Nursery LLC by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Patuxent Nursery LLC and the business. Patuxent Nursery LLC shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Patuxent Nursery LLC.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by Patuxent Nursery LLC. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date _____ Name: _____
(Name of person guaranteeing payment, NO TITLE)

Home address _____

Home Phone # _____ SS# _____

Signature of person guaranteeing payment _____

Name of Business whose account is guaranteed _____

CREDIT DEPARTMENT USE ONLY

Date: _____

Line of Credit Approved / Denied Amount \$ _____

Comments:

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