

Landscape Alternatives, Inc.

25316 St. Croix Trail; Shafer, MN 55074 Tel: (651) 257-4460 Fax: (651) 257-4499

Wholesale Customer Credit Application and Agreement

Customer

Legal Name of Business _____
Street Address _____
City _____ State _____ Zip Code _____
Mail Address _____
City _____ State _____ Zip Code _____
Tel. Number () _____
Fax () _____ Name of Person Responsible For Payables _____
Type Of Business _____ Proprietorship _____ Partnership _____ Corporation _____
Fed ID / S. Sec # _____ State Sales & Use Permit # _____ State _____
Number _____

Bus. Activity (check all that apply) _____ Design _____ Maintenance _____
_____ Landscaping _____ Retail Sales _____
_____ Growing _____ Wholesale Sales _____

Date Business Was Started _____ Amount of Credit Requested \$ _____

Names Of:

Owner _____ President _____
Partner _____ Vice President _____
Manager _____ Sec/Tres _____

Financial References

1. Bank Name _____ Type of Acc't _____ Acc't Number _____
Address _____
2. Bank Name _____ Type of Acc't _____ Acc't Number _____
Address _____

Trade References

1. Business Name _____ Telephone _____ Contact Person _____
Address _____
2. Business Name _____ Telephone _____ Contact Person _____
Address _____
3. Business Name _____ Telephone _____ Contact Person _____
Address _____

Terms:

LAI use only

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 5 business days.
3. All overdue invoices bear interest at 1 1/2 per month (or maximum allowed by law) on unpaid balance.
4. All payments received by Landscape Alternatives, Inc. will be applied first to any finance charges and then to principal.
5. In the event of default of payment when due, all costs of collection, including attorney's fees and court costs, shall be paid by the applicant. There is also a \$30 returned payment fee for any declined checks.
6. Any credit extended to the applicant may be reduced or eliminated in the event Landscape Alternatives, Inc., in its reasonable discretion, determines that the applicant's financial situation or ability to pay is impaired.
7. By submitting this application, you authorize Landscape Alternatives, Inc. to make inquiries into the banking and business / trade references that you have supplied.

I certify that all information supplied is correct and agree to all terms listed above.

Signature of Officer or Agent _____

Date _____

Title _____