



MAIL TO: P.O. BOX 202, ST. WILLIAMS, ON N0E1P0 - LOCATION: 1610 CONCESSION3 RD., ST. WILLIAMS, ON N0E1P0
PHONE (519) 586-7298 FAX (519) 586-9065 info@environsnursery.com www.environsnursery.com

CREDIT APPLICATION AND PURCHASE ORDER AGREEMENT

We warmly welcome your interest in doing business with Environs Wholesale Nursery Ltd. For your convenience, and to better serve you, we encourage you to complete the requested information as laid out below. All information provided is held in the strictest of confidence and used solely to determine your line of credit with us.

Name: _____ Phone: _____

Address: _____ Fax: _____

City/Province/Postal Code: _____ Owned or Leased/Rented

Legal Status: Proprietorship Partnership Incorporated in Date: _____

Nature of Business: _____

Officers/Owners: 1) _____ Phone: _____
(Name, Title &) 2) _____ Phone: _____
(Address) 3) _____ Phone: _____

Trade References 1) _____ Contact : _____
Fax: _____ Phone: _____ Credit Limit: _____
2) _____ Contact : _____
Fax: _____ Phone: _____ Credit Limit: _____
3) _____ Contact : _____
Fax: _____ Phone: _____ Credit Limit: _____
4) _____ Contact : _____
Fax: _____ Phone: _____ Credit Limit: _____

Bank References: _____ Phone: _____
(Name & Branch Address)

Account Number: _____

Contact/Dept: _____ Phone: _____ Fax: _____

Terms: Applicant is hereby advised that our regularly stated terms are: Stock = Net 30 days (or as otherwise established) & Freight/Shipping is payable upon receipt of invoice. Service charges on overdue accounts are charged 2% interest compounded monthly. All claims for errors or unsatisfactory stock must be reported within 2 business days upon customer's receipt of stock and followed up/confirmed in writing (emails with pictures acceptable). Failure to comply will result in the waiving of all potential consideration. Consideration limited to original purchase price of stock only.

X _____ Date: _____
(Signature of Applicant)

Corporation officers herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm:

X _____ X _____
(Signature/Title/Date) (Signature/Title/Date)

I have read, understand, and accept the above terms, have provided true information to the best of my knowledge, and have retained a copy of this agreement for my records. I further authorize the above cited trade and bank references to supply pertinent information upon request as may be required to determine our credit capabilities.