

**Landscape Supply, Inc.**  
**24300 Brest Road, Taylor MI 48180 734-946-7000 voice, 734-946-7037 fax**  
**Business Credit Application**

**Name/Address**

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

**Company Information**

Type of Business:	In Business Since:	Annual Revenue:
Legal Form Under Which Business Operates:		
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:	In Business Since:	
Name of Company Principal Responsible for Business Transactions:	Title:	
Address:	City:	State: ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:	
Address:	City:	State: ZIP: Phone:

**Bank References**

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

During the busy season, what would be your high monthly purchase? \_\_\_\_\_

For what level of credit are you applying: \_\_\_\_\_ \$5,000 \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$25,000 \_\_\_\_\_ \$50,000 \_\_\_\_\_ \$100,000

If you are you claiming resale sales tax exemption status, please attach Michigan Sales tax certificate of exemption.

**Terms selected:** 30 days from invoice date, or net 10<sup>th</sup> of the following month, circle one.

**Trade References, two of which must be from the landscape industry, and you have established credit for one year or more and annual purchases of \$3,000 with terms.**

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. By signing below, you grant Landscape Supply, Inc. permission to check your credit rating for underwriting purposes.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

This can be:  
 E mailed to: [Controller@LandscapeSupplyInc.com](mailto:Controller@LandscapeSupplyInc.com)  
 Or faxed to: 734-946-7037, attention Controller  
 Or mailed to: Controller, Landscape Supply, Inc.  
 24300 Brest Road  
 Taylor, MI 48180-4024

Our terms are either net 30 days from invoice date, or net 10<sup>th</sup> of the following month. Accounts not paid within terms are subject to a 1.5% per month finance charge. If you exceed your credit limit, you will be placed on C.O.D. plus 25% of the outstanding balance. If your account must be turned over to our collection agency, you are responsible for all legal costs. We reserve the right to file liens against the property for any delinquent invoices.

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

Individual: \_\_\_\_\_  
(Signature) (Title) (Date)

Individual: \_\_\_\_\_  
(Signature) (Title) (Date)

Individual: \_\_\_\_\_  
(Signature) (Title) (Date)

Individual: \_\_\_\_\_  
(Signature) (Title) (Date)