

2567 East State Road 14
Silver Lake, Indiana 46982



Phone 260-839-4315
Fax 260-839-5008

Confidential Credit Application

Date _____
Company Name _____ Phone _____
Address _____ City, State, Zip _____
Legal Status: () _____ Proprietorship, _____ Partnership, _____ Corporation
Year Established: _____, Owned or Leased _____

Officers/Owners Names	Title	Residence	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Trade References: (Firms from whom you are currently purchasing with an open account)

Name	Address	City, State, Zip	Phone & Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Terms: Applicant is advised that our regularly stated terms are net 30 days, 2% discount if paid within 10 days and no outstanding balance remains. Overdue accounts are charged an interest fee of 2% per month.

The undersigned purchaser hereby agrees that all amounts due for goods and services purchased from Lakeland Nursery are payable at 2567 East State Road 14, Silver Lake, Indiana 46982 and this agreement shall be performed in Kosciusko County, Indiana.

Additional provisions of our company include: All stock is guaranteed to be true to name and healthy when it leaves the nursery. Any stock not true to name or healthy upon your receipt will be replaced or we will refund the original amount paid.

In the event it becomes necessary for our firm to file suit to enforce payment, we shall be entitled to court costs, attorney's fees, and interest at the rate of 2% per month on all amounts due and payable.

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

Individual _____	Individual _____
Signature Title Date	Signature Title Date

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE TERMS.

Applicant: _____