



HANGING TREE NURSERY, INC.

P.O. BOX 962
APOPKA, FL 32704

PHONE: 407-889-8333
FAX: 407-889-0050

APPLICATION FOR CREDIT

COMPANY NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____
NO. YEARS IN BUSINESS _____ SALES TAX NO. _____
FEDERAL ID# _____ E-MAIL ADDRESS _____

PRINCIPALS

CORP OFFICERS NAME _____ TITLE _____
PARTNERS OR ADDRESS _____
INDIVIDUALS CITY _____ STATE _____ ZIP _____
SOC. SEC.# _____ HOME PHONE _____

NAME _____ TITLE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
SOC. SEC.# _____ HOME PHONE _____

CREDIT REFERENCES

BANK _____ ACCT NO. _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

TRADE REF _____
PHONE _____ FAX _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

TRADE REF _____
PHONE _____ FAX _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

TRADE REF _____
PHONE _____ FAX _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

TRADE REF _____
PHONE _____ FAX _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

CREDIT TERMS AND REQUIREMENTS

AMOUNT OF CREDIT (MONTHLY) REQUESTED:_____

CREDIT TERM: Accounts are due and payable by the 10th of the month following month of purchase. Accounts not paid by the 20th will be charged a service charge of 1 ½% per month (18% per annum) and placed on temporary C.O.D. until account is brought back to good standing.

Should Hanging Tree Nursery, Inc. deem it necessary to turn over past due accounts for collection, the purchaser agrees to pay, in addition to all late charges, the costs of collection, including but not limited to the costs of attorneys fees and other legal expenses. Venue for any legal proceedings shall be Orange County, Florida.

By submitting this credit application you also agree to receive periodic faxes and/or e-mails from Hanging Tree Nursery, Inc. unless you specifically instruct us not to.

Buyer also acknowledges by signing this credit application that they are personally and individually responsible for any and all debts incurred and owed to Hanging Tree Nursery, Inc..

Applicant further authorizes Hanging Tree Nursery, Inc. to inquire and obtain credit reports and history in order to make a decision on granting of credit. All requested information must be provided in order to begin approval process.

SIGNATURE OF APPLICANT:_____ DATE_____

NAME _____ TITLE _____

HANGING TREE NURSERY, INC. USE ONLY:

() APPROVED () REJECTED

CREDIT LIMIT \$_____ DATE_____

APPROVED BY _____

REFERENCES CHECKED BY _____

REFERENCE REPORT ATTACHED () YES () NO

IF NO, REASON WHY _____