



6190 Middle Ridge Rd. Madison OH 44057 PH: 440-428-3309 Fax: 440-428-4433

**Confidential Credit Application**

Company: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Tax Exempt? YES  NO  (If yes, please provide a tax exempt certificate)

Fed ID# \_\_\_\_\_ Vendor Lic. # \_\_\_\_\_ Year Established: \_\_\_\_\_  
Corporation  Partnership  LLC  Individual

Owner(s) Social Sec. # Home Address Phone

Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct #: \_\_\_\_\_  
Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Trade References**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_

TERMS: FIRM IS HEREBY ADVISED THAT OUR REGULARLY STATED TERMS ARE 30 DAYS NET. OVERDUE ACCOUNTS ARE SUBJECT TO 1 1/2% PER MONTH SERVICE CHARGE PLUS COST OF COLLECTION IF ANY.

LIMITED WARRANTY: PHELPS OHIO NURSERY, LLC. EXERCISES THE GREATEST CARE TO KEEP OUR VARIETIES TRUE TO NAME AND ARE READY AT A NY TIME TO REPLACE FREE OF CHARGE NURSERY STOCK THAT IS PROVEN TO BE UNTRUE TO NAME OR TO REFUND THE ORIGINAL PRICE PAID.

PHELPS OHIO NURSERY, LLC HEREBY DISCLAIMS AND EXCLUDES ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, IN FACT OR BY LAW, INCLUDING WITHOUT LIMITATION, ANY WARRANTY OF MECHANABILITY OR FITNESS FOR INTENDED USE.

PHELPS OHIO NURSERY, LLC SHALL IN NO CASE BE LIABLE FOR ANY SUM GREATER THAN THE ORIGINAL PURCHASE PRICE OF SUCH STOCK, NOR SHALL WE BE LIABLE FOR ANY CONSEQUENTIAL DAMAGES.

CHOICE OF LAW, FORUM: THE PARTIES HERETO AGREE THAT THIS CONTRACT IS MADE IN OHIO AND SHALL BE GOVERNED UNDER OHIO LAW. FURTHER, VENUE OR ANY ACTION PERTAINING TO A SALE MADE UNDER THIS CONTRACT SHALL BE VENUED IN LAKE COUNTY, OHIO.

OFFICERS/OWNERS HEREWITH ACKNOWLEDGE, ASSUME AND AGREE TO BE PERSONALLY RESPONSIBLE FOR THE DEBTS AND OBLIGATIONS INCURRED IN THE NAME OF THE FIRM. THE UNDERSIGNED AGREE AND UNDERSTAND THE FOREGOING TERMS AND EXECUTE THIS CREDIT APPLICATION INTENDING TO BE

Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_