

DE VROOMEN

GARDEN PRODUCTS

DeVROOMEN BULB CO., P.O. BOX 189, RUSSELL IL. 60075
PHONE: 847 395 9911, FAX 800 395 9920

CONFIDENTIAL APPLICATION FOR CREDIT

BUSINESS TRADE NAME OR D/B/A: _____

LEGAL NAME OF BUSINESS: _____

MAILING ADDRESS: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE: (_____) _____ FAX: (_____) _____

ILLINOIS CUSTOMERS - TAX EXEMPT? IF YES, ATTACH COPY OF TAX EXEMPT CERTIFICATE.

TYPE OF BUSINESS: ___ GROWER(21) ___ GARDEN CENTER(10) ___ LANDSCAPER(08)

___ CORPORATION - LIST OFFICERS: _____

___ PARTNERSHIP - LIST PARTNERS: _____

___ PROPRIETORSHIP - LIST OWNERS: _____

YEARS IN BUSINESS: _____ AT THIS LOCATION: _____ OWNED: _____ LEASED: _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____ EMAIL _____

EMAIL ADDRESS: _____

BANK NAME: _____ ACCOUNT NUMBER: _____

BANK ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

OFFICER WHO HANDLES YOUR ACCOUNT: _____

ACCOUNT TYPE: ___ BUSINESS ___ PERSONAL ___ SAVINGS ___ CHECKING

BANK PHONE NUMBER: (_____) _____ FAX: (_____) _____

TRADE REFERENCES (MAJOR SUPPLIERS):

FIRM NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

FIRM NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

FIRM NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. WE AUTHORIZE YOU TO MAKE ANY AND ALL INQUIRIES NECESSARY TO COMPLETE ACTION OF THIS APPLICATION INCLUDING BANKING INFORMATION. WE HEREBY INDEMNIFY THE ABOVE COMPANY AND ITS AGENTS FROM LIABILITY RESULTING FROM THEIR CREDIT SURVEY.

DATE: _____ SIGNATURE: _____

TITLE: _____ CORPORATION OFFICERS, PARTNERS OR PROPRIETORS HEREWITH ACKNOWLEDGE AND ASSUME PERSONAL RESPONSIBILITY FOR DEBTS INCURRED IN THE NAME OF THE FIRM.

A FINANCE CHARGE OF 1.5% (18% ANNUM) WILL BE ADDED TO PAST DUE ACCOUNTS.