



P.O. BOX 184 • EAU CLAIRE, PA 16030 • PHONE: (724) 867-1711 • FAX: (724) 867-1694

Thank you for applying for credit with Gardenscape. Certain information is required and needed to process your application in a timely manner; therefore we are offering these guidelines for your convenience.

1. All information must be completed and accurate, including fax numbers for all credit references.
2. All forms that require a signature must be signed and returned with the completed application.
3. Any reference is accepted, however, references in which you have done recent business with will give us the best information and allow us to set an appropriate credit limit for your company.
4. Clear, legible writing is important. If we cannot read your application we cannot process it.

Should you require assistance in the completion of your application or have questions, please contact Brenda Conner at our corporate office, she will be happy to answer your questions.

Upon completion of filing out the credit application please fax it back to the Gardenscape corporate fax number: 724-867-1694



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**CREDIT AGREEMENT**

This information is for credit use only and will be held in confidence.

Salesperson:

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Sales Tax Exempt # \_\_\_\_\_

Shipping Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other \_\_\_\_\_

If Incorporated – Federal ID# \_\_\_\_\_ Trade Name \_\_\_\_\_

Individual(s) who will guarantee payment if above company fails to honor agreement \_\_\_\_\_ Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Bank Reference:**      **Account Number:** \_\_\_\_\_

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**Trade References:**

1. \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

2. \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. \_\_\_\_\_  
Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



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### Terms and Conditions

**ALL PAGES OF CREDIT AGREEMENT MUST BE FILLED OUT AND RETURNED, THE FAILURE TO DO SO WILL RESULT IN A DELAY OF CREDIT APPROVAL OR DENIAL.**

**Past Due Accounts:** GARDENSCAPE reserves the right to charge 1.5% per month as a service charge on overdue accounts and unpaid balances or 18% per annum, but not to exceed the maximum amount permitted by applicable state law.

**Cost of Collection and Attorney Fees:** Customer and/or recipient, or their designated agent, who accepts goods or services provided by GARDENSCAPE or any of its affiliates or subsidiaries agrees that said goods and services were provided from the general office of GARDENSCAPE located in Butler County, Pennsylvania, and that the proper venue for any legal action relating to the provision of said goods and services is in Butler County, Pennsylvania, including Magisterial District 50-3-02. Customer agrees to pay the full amount of any costs or expenses.

**Sales Tax:** All GARDENSCAPE customers must be exempt from sales tax. Please send completed sales tax exemption certificate.

**Timely Notification:** No shipping or delivery claims will be accepted unless made within 10 days after receipt of merchandise. All buyer claims resulting from incorrect invoicing must be submitted to GARDENSCAPE in writing within 30 days of invoice date, or Customer agrees to accept invoice as billed. GARDENSCAPE will not make adjustments for claims after 30 days from invoice date.

**Authority of Parties:** No soliciting agent, sales representative, or employees of GARDENSCAPE shall have the power to waive any of the terms or provisions hereof, or to incur additional obligations, or to make additional representatives or warranties on behalf of GARDENSCAPE unless same are evidenced by an agreement, in writing, signed by a duly authorized officer of GARDENSCAPE or credit manager. Signer of buyer represents that he is a duly authorized agent for the buyer, empowered to sign this document and that the information supplied on the Credit Agreement form is true and accurate.

**Governing Law:** This agreement shall be governed by the laws of the State of Pennsylvania.

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I have read and agree to the terms and conditions listed above.

Date \_\_\_\_\_

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Signature \_\_\_\_\_



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In order to complete the check on your credit, please fill the following blanks in with the appropriate information. Many times banks/companies will not release any information without written authorization and an account number. Thank you in advance for your help.

**TRADE REFERENCE RELEASE:**

I, \_\_\_\_\_, of \_\_\_\_\_ give authorization to  
Signature of Authorized Officer Company

release all credit information for our company to GARDENSCAPE. DATE \_\_\_\_\_

**BANK REFERENCE RELEASE:**

I, \_\_\_\_\_, give authorization to, \_\_\_\_\_  
Signature of Authorized Officer Bank Facility

to release all credit information for account # \_\_\_\_\_ to GARDENSCAPE.

DATE \_\_\_\_\_

**PLEASE SIGN AND DATE BOTH TRADE AND BANK RELEASE! DO NOT PRINT!**

**THANK YOU!**