



Manor View Farm, Inc.

15601 Manor Road

Monkton, Maryland 21111

Phone (410)771-4700 Fax (410)771-8246

www.manorview.com

CUSTOMER INFORMATION AGREEMENT FORM

Section A: *Customer Information*

All Customers must fill out Section 'A' Completely.

Section B: *Check Writing Information & Accounts Payable*

All Customers wishing to "Pay by Check" must fill out Sections 'A' & 'B'.

Section C: *Credit Authorization & Personal Guarantee*

All Customers wishing to open a "Credit Account" with Manor View Farm, Inc. must fill out Sections A, B, C & D.

Section D: *Business/Banking Information*

All Customers wishing to open a "Credit Account" with Manor View Farm Inc. must fill out Sections A, B, C & D.

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15601 Manor Road, Monkton, MD 21111
410.771.4700 Fax 410.771.8246 Toll Free Fax 888.718.8246

CUSTOMER INFORMATION AND AGREEMENT FORM

We appreciate the opportunity to serve you. Please complete the information required below:
Everything in BOLD print must be completed for any consideration.

Section A - Customer Information:

GENERAL INFORMATION:

Legal Company Name: _____ D/B/A: _____

(Please Print or Type)

Address: _____ City, _____ State: _____ Zip Code: _____

Company Phone #: _____ Fax #: _____

Contact's Name: _____ Title: _____

Contact's Phone #: _____ Cell #: _____ Email address: _____

Best Way to Contact You: () Company phone () Contact Phone () Cell Phone () Email

Form of Business: () Proprietorship () Partnership () Corporation

Type of Business: () Landscape Contractor () Retail Garden Center () Home Builder () Nursery
() General Contractor () Landscape Architect () Developer () Maintenance (over 80% work
maintenance) () Refurb. Work () Golf Course Builder Maintenance () Government - DOT, Parks &
Recreation () Landscape Distributor () Irrigation (over 90% work irrigation)

Other: _____

Have Holding Yard? Yes ___ No ___ **Full Time Buyer?** Yes ___ No ___

Do you require a Purchase Order Number? Yes ___ No ___

Tax Exempt? Yes ___ No ___ if yes, please supply copy of Exempt Certificate.

Please list authorized buyers for your company: _____

FAX/EMAIL AUTHORIZATION:

I understand that by providing the fax number(s) and email address above, on behalf of the company/organization specified above, I am authorized to and hereby consent for the company/organization to receive faxes or emails sent by or on behalf of Manor View Farm, Inc.

Authorized Signature: _____ Date: _____

Section B: Check Writing Information &Accounts Payable

In order for us to accept checks from any company, we must ask for the following information. This information will be held in confidence by Manor View Farm, Inc. and will NOT be used for marketing purposes or distributed in any other way. This information can be used to protect Manor View Farm, Inc. as well as your company by having authorized check signers on file with us. Thank you for your cooperation.

CHECK AUTHORIZATION INFORMATION:

Full Name of Person Signing the Check(s): _____

Social Security #: _____

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone #: _____

Driver's License #: _____ **State of Issue:** _____

Please include copy of Driver's License with this application.

Date of Birth: _____ **Sex:** _____ **Hgt:** _____

Signature of Check Signer

Please Print Name Clearly

I agree that the above information is correct to the best of my knowledge and that I have payment by check privileges:

Signature of Applicant

Print Name

ACCOUNTS PAYABLE INFORMATION:

Contact Name: _____ **Phone#:** _____

Address if Different than Company: _____

RETURNS - We do not take returns of material inspected and accepted by the Customer.

DELIVERY - Goods travel at the purchaser's own risk and expense.

CLAIMS - Claims for errors in type of species, color and/or specification of discounts will not be considered unless made in writing within 48 hours after receipt of goods. Manor View Farm, Inc. shall not be liable for claims greater than that paid for plants.

CASH SALES - Unless credit has been previously approved, all sales are made on the basis of payment in cash at time of sale. Thirty days is required for some approvals of credit.

Section C: Credit Authorization & Personal Guarantee

Please fill out the following sections and sign in the appropriate areas. Must be completed for all credit limits.

CREDIT AUTHORIZATION:

I promise to pay, when due, the total amount shown on the statement from Manor View Farm, Inc. I also promise to pay any late payment charge that may become due.

I understand that a late payment of 1.5% per month will be added to my account on any invoice 30 days or older, which is an annual percentage rate of 18%.

I understand if I miss a payment or break any other promise under this agreement, Manor View Farm, Inc may at its option require payment of the entire outstanding balance of my account immediately. Further, I understand Manor View Farm, Inc. may do this if I make false or misleading statements on my application for credit.

I understand if this account becomes past due and Manor View Farm, Inc. turns it over to a lawyer, I agree to pay, in addition to the total indebtedness, reasonable attorney fees which are agreed to be 25% of balance due, court costs, and any other expenses incurred by the lawyer to secure such payment, regardless of whether suit is instituted. I understand if a suit is filed against me to secure collection, I hereby consent to Manor View Farm, Inc., selection of Harford County, Maryland as proper venue for filing of such suit, and expressly waive any claim I might have to placing the suit in another county or state.

I expressly authorize Manor View Farm, Inc. to inquire into my credit and banking references as disclosed on my application and understand Manor View Farm, Inc. may retain said application regardless of whether credit is granted. I further agree to notify Manor View Farm, Inc. in the event any information contained on my credit application needs to be corrected or brought current. I agree to provide Manor View Farm Inc. any such additional information requested by them at anytime in order that they may decide to make requested extension of credit.

Dated _____ 20____
(Signature of Applicant Required) (Print Name)

Company Name: _____ Title: _____

PERSONAL GUARANTEE:

In the event the undersigned applicant for credit is a corporation I represent, I have the lawful authority to bind said corporation for payment of all sums due, and my signature, together with said corporation, will make me legally responsible for payment in the event the corporation fails to pay all sums when due, or otherwise breaks the terms of this agreement. It is understood credit would not be extended to said corporation without this assumption of personal liability.

Dated: _____ 20____
(Signature of Individual) (Print Name)

Dated: _____ 20____
(Signature of Individual) (Print Name)

TERMINATION OF CREDIT - Manor View Farm, Inc. reserves the right to cancel a customer's credit at any time, revise the stated credit terms provided herein or withhold deliveries when, Seller in its sole discretion deems such action necessary to protect its interests.

Section D: Business/Banking Information:

BUSINESS INFORMATION:

Please fill-in the following business information. If you're a Corporation, fill in your Officers' information. If you're a Partnership fill in Partners' information. If you're a Sole Proprietorship fill in Owners' information.

Position	Name	Home Address, City, State, Zip	Phone #
President/Owner	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____
Company in business since: _____ Location: _____ Lease/Rent/Own _____			
Operated under another name: _____ From: _____ To: _____			
Disposition of previous business: Sold: _____ Filed bankruptcy: _____ Liquidation: _____			

BUSINESS REFERENCES:

Please furnish complete information. Use largest nursery references if available.

- FIRM NAME:** _____ **STREET ADDRESS:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE #:** _____
FAX #: _____
- FIRM NAME:** _____ **STREET ADDRESS:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE #:** _____
FAX #: _____
- FIRM NAME:** _____ **STREET ADDRESS:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE #:** _____
FAX #: _____

BUSINESS BANKING INFORMATION:

Bank Name: _____

Address: _____ **Phone #:** _____ **FAX #:** _____

Contact Person: _____ **Bank Account Number:** _____