



Manor View Farm, Inc.

15601 Manor Road, Monkton, MD 21111
410.771.4700 Fax 410.771.8246 Toll Free Fax 888.718.8246
www.manorview.com

Wholesale Commercial Account Application

FORM MUST BE FILLED OUT COMPLETELY FOR CONSIDERATION

Company Name _____ Contact _____

Bill to Address _____

City, State, Zip Code _____ Tel: _____

Email _____ Cell _____

Shipping Address (if different) _____ Years in Business _____

Purchase Order Number required: yes no Fax # _____

Federal ID # _____ State Sales & Use Tax License _____

State Tax Exempt Status: Not Tax Exempt (pay sales tax) Tax Exempt (don't pay sales tax)
(Note: We will charge you tax unless we have a current copy of your tax certificates attached or on file)

Please check the type of business that applies to you:

- Landscape contractor Garden Center Landscape Architect/Designer Government Propagation
- General Contractor Nursery Property Maintenance Other _____

ACCOUNTS PAYABLE INFORMATION:

Contact Name: _____ Phone# _____

Address if Different than Company: _____

Attach a copy of your business card here

Attach a copy of your State Driver's License

Make a copy of your business card, otherwise it will jam your fax machine.

Make a copy first of your license, do not put it through the fax machine.

**THIS IS NOT A CREDIT APPLICATION
TO ESTABLISH CREDIT PLEASE FILL OUT THE CREDIT APPLICATION**

Check Writing Information

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): _____

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/Title

Persons authorized to make purchases:

Signature	Print Name
1. _____	_____
2. _____	_____
3. _____	_____

WHOLESALE TERMS AND CONDITIONS

1. **This form is not an application for credit.** All new customers will be cash or credit card account until credit history has been established. For your convenience we do accept VISA, MASTERCARD, DISCOVER and AMERICAN EXPRESS. Effective January 1, 2016, a combined annual limit on all credit cards is not to exceed \$30,000. We will add a 2% fee on all accounts above the limit.
2. Maryland sales tax of 6% will be added to all orders unless we have your CURENT State sales tax Exemption certificate on file.
3. Accounts presenting checks that are returned due to insufficient funds will be charged \$ 25.00 per incident.
4. Manor View Farm reserves the right to close a wholesale account under circumstances; for example, returned checks, nonpayment of invoices, grossly overdue payment, etc.

By signing this form I hereby agree to all terms and policies of Manor View Farm and agree to accept responsibility for all purchases made on this account and to pay any and all collections costs, including attorney and bank fees, should this account ever go into collections.

**AUTHORIZED
SIGNATURE** _____

DATE _____

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.



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BUSINESS CREDIT APPLICATION

Company Name **Contact**

Address

Telephone **Fax** **email**

Shipping Address (if different)

Company in business since: _____ **Federal ID#** _____ **Corporation**

Names of Officers or Partners _____ **Partnership**

_____ **Sole Proprietor**

State Tax Exempt Status: Not Tax Exempt (pay sales tax) Tax Exempt (don't pay sales tax)
(Note: We will charge you tax unless we have a current copy of your tax certificates attached or on file)

Purchase Order Number required: yes no

BUSINESS REFERENCES:

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

1. FIRM NAME: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

FAX #: _____

2. FIRM NAME: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

FAX #: _____

3. FIRM NAME: _____ STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____

FAX #: _____

BUSINESS BANKING INFORMATION:

Bank Name: _____ Bank Account Number: _____

Address: _____ Phone #: _____ FAX #: _____