



# 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

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: \_\_\_\_\_

<p><b>Attach a copy of your business card here</b></p> <p>Make a copy of your business card, otherwise it will jam your fax machine.</p>	<p><b>Attach a copy of your State Driver's License</b></p> <p>Make a copy first of your license, do not put it through the fax machine.</p>
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**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: \_\_\_\_\_

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.
2. Maryland sales tax of 6% will be added to all orders unless we have your CURRENT 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** \_\_\_\_\_

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## BUSINESS CREDIT APPLICATION USE THIS FORM IF REQUESTING 30 DAY CREDIT TERMS

\_\_\_\_\_  
**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 #: \_\_\_\_\_

SCAN/EMAIL: \_\_\_\_\_

2. FIRM NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SCAN/EMAIL: \_\_\_\_\_

3. FIRM NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SCAN/EMAIL: \_\_\_\_\_

### BUSINESS BANKING INFORMATION:

Bank Name: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ SCAN/EMAIL: \_\_\_\_\_

# 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.