



# CREDIT INFORMATION STATEMENT

739 Gaillard Rd., Moncks Corner, SC 29461 (843)761-8181 (800)845-2065

To: Carolina Nurseries, Inc.

For the purpose of obtaining merchandise on account the following information is submitted for your consideration intending that you should rely upon it as being correct: Be sure to complete all available blanks.

Business Name: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
List Physical and Mailing Address

Are you Buying \_\_\_\_\_ or Leasing \_\_\_\_\_ List Mortgage Co. or Landlord \_\_\_\_\_

We have been established \_\_\_\_\_ years under above name. At present location since \_\_\_\_\_ Resale# \_\_\_\_\_

Type of business: \_\_\_\_\_ Type of License & No.: \_\_\_\_\_  
(Retail Nursery, Landscape Contractor, Etc.)

Name of Surety Bond Co. & Bond No. \_\_\_\_\_

The business is a Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ L.L.C. \_\_\_\_\_ Proprietorship \_\_\_\_\_

If a Corporation: We are incorporated under the state law of \_\_\_\_\_ Corp. I.D. No. \_\_\_\_\_ Parent Co. \_\_\_\_\_

Is a Purchase Order # required on your orders? \_\_\_\_\_

In past 5 years have you operated under other names: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list name(s) & location(s): \_\_\_\_\_

The principal owners or officers are:

Name: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Our 3 major sources of supply with whom we have open accounts are:

Name: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

List all Bank References: (Bank) (Address) (Account No.) (Phone)

We bank at: 1. \_\_\_\_\_

Fax: \_\_\_\_\_ Contact Name \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

We understand that all information herein is for the purpose of obtaining credit and such information will be handled in confidence. The undersigned has read and agrees to **Terms and Conditions of this contract as set forth on the reverse side**. In the absence of an original copy of this application, a faxed copy will be considered as the original for purposes of this agreement.

The undersigned authorizes the release of all information needed to verify the contents of this application or to otherwise process this application, including but not limited to contacting third parties concerning the credit worthiness of the applicant. The applicant further agrees to hold Carolina Nurseries, Inc. harmless for any and all information herein solicited.

The laws of the state of South Carolina shall be applicable to any suit arising from this agreement. In the event of litigation, venue shall be in South Carolina.

\_\_\_\_\_  
Witness Signed (Company Name) \_\_\_\_\_

Signature \_\_\_\_\_

Your Name (Please Print) \_\_\_\_\_

Title \_\_\_\_\_

The undersigned also personally and unconditionally guarantees all debts and charges incurred by the principal on this account. In that regard, the undersigned hereby waives notice, demand, extensions, indulgences, settlements or release of any party hereto or any other rights the undersigned may have as surety.

By: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS

INDIVIDUALLY

Pease read reverse side.