



Willoway Nurseries, Inc.
 Willoway Wholesale Distribution Center, Inc.
 DBA: Premier Plant Solutions
 www.willowaynurseries.com
 4534 Center Rd. Avon, OH 44011
 (440) 934-4435 Fax: (440) 934-4738 Attention: Credit Department

CUSTOMER #
SALESMAN #

UNIFORM CONFIDENTIAL CREDIT APPLICATION & PURCHASE ORDER AGREEMENT

FIRM NAME:	TELEPHONE NUMBER:
FAX NUMBER:	E-MAIL ADDRESS:
ADDRESS:	CITY:
STATE: COUNTY:	ZIP:
NAME OF PARENT COMPANY IF SUBSIDIARY:	FEDERAL TAX ID NUMBER
NAME OF PERSON COMPLETING APPLICATION	TITLE

AMOUNT OF CREDIT DESIRED: \$ _____
AT PRESENT LOCATION SINCE _____ **OWNED** _____ **LEASED** _____ **LEASED FROM** _____
RECEIVING HOURS: _____
TYPE OF BUSINESS / OPERATION: (CHECK ONE) YEAR BUSINESS STARTED _____ SALES \$ _____
 ___ CORPORATION (STATE _____) ___ PROPRIETORSHIP ___ PARTNERSHIP ___ LLC - BUSINESS STARTED _____

PLEASE CHECK CATEGORY THAT BEST DESCRIBES YOUR NORMAL BUSINESS ACTIVITY FROM THE FOLLOWING LIST.

<input type="checkbox"/> GARDEN CENTER	<input type="checkbox"/> CONTRACTOR	<input type="checkbox"/> CHURCH	<input type="checkbox"/> MUNICIPALITY	<input type="checkbox"/> GREENHOUSE
<input type="checkbox"/> RE-WHOLESALE	<input type="checkbox"/> LANDSCAPER	<input type="checkbox"/> SCHOOL	<input type="checkbox"/> GROWER	<input type="checkbox"/> _____

ARE YOU TAX EXEMPT? ___ YES ___ NO (IF EXEMPT, PLEASE REMIT EXEMPTION FORM)

***NOTE: All sales will be treated as taxable until an approved exemption form is received.**

OWNER INFORMATION:

PRESIDENT / OWNER	CO - OWNER / PARTNER
HOME ADDRESS	HOME ADDRESS
CITY STATE ZIP	CITY STATE ZIP
HOME PHONE NUMBER	HOME PHONE NUMBER
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER

BANK REFERENCE

Name	Phone (with area code)
Address	Fax
City State Zip	Checking Account #
Bank Contact	Loan #

BUSINESS REFERENCES

(PLEASE LIST THREE COMPANIES FROM WHICH YOU BUY ON AN OPEN CHARGE BASIS)

COMPANY	PHONE
ADDRESS	FAX
CITY STATE ZIP	E-MAIL
<hr/>	
COMPANY	PHONE
ADDRESS	FAX
CITY STATE ZIP	E-MAIL
<hr/>	
COMPANY	PHONE
ADDRESS	FAX
CITY STATE ZIP	E-MAIL

TERMS:

APPLICANT IS HEREBY ADVISED THAT OUR TERMS ARE 30 DAYS NET. PAST DUE ACCOUNTS WILL BE ASSESSED A SERVICE CHARGE OF 1.5% PER MONTH OR AT A RATE NOT TO EXCEED LAWFUL LIMITS. ALL CLAIMS FOR ERRORS AND UNSATISFACTORY STOCK MUST BE REPORTED UPON RECEIPT AND CONFIRMED BY WRITTEN MEMORANDUM WITHIN 10 DAYS LEST ALL CONSIDERATION BE WAIVED.

ACCOUNTS MORE THAN 60 DAYS PAST DUE WILL BE RETURNED TO A CASH BASIS UNTIL DELINQUENT BALANCE IS CLEARED. IN THE EVENT IT BECOMES NECESSARY FOR OUR FIRM TO FILE SUIT TO ENFORCE PAYMENT, WE SHALL BE ENTITLED TO ALL REASONABLE COSTS OF COLLECTION, IN ADDITION TO ANY COURT COSTS, AND/OR ATTORNEY'S FEES, AND INTEREST ON ALL AMOUNTS DUE AND PAYABLE. THE PARTIES AGREE THAT ANY LITIGATION ARISING BETWEEN THE PARTIES SHALL BE EXCLUSIVELY VENUED IN LORAIN COUNTY, STATE OF OHIO.

AGREEMENT

This application is made with the understanding and agreement that the undersigned certifies this information is for the purpose of obtaining credit and is warranted to be true. It is understood that any information omitted may cause this request for credit to be denied. The undersigned hereby authorizes the Companies to investigate, its/his/their credit history and financial responsibility by contacting business references, credit reporting agencies, bank references and otherwise, as the Companies in their sole discretion elect, now or at any time in the future regarding this account or any other account the undersigned, or any related business entity may have with the Companies. The undersigned further declares to the Companies that it/he/they is/are duly authorized to sign this credit application form on behalf of the person and/or business entity requesting credit. I/We agree to receive availability lists and promotional material via fax or e-mail.

In signing this application, you agree to unconditionally personally guarantee the performance of all obligations and the payment upon demand of all amounts due the Companies with this application, without requiring us to first pursue the buyer also liable on the Account, irrespective of the title indicated below.

NAME (PLEASE PRINT)	DATE
SIGNATURE OF GUARANTOR	SOCIAL SECURITY NUMBER
NAME (PLEASE PRINT)	DATE
SIGNATURE OF GUARANTOR	SOCIAL SECURITY NUMBER

(FOR INTERNAL USE ONLY)

CREDIT LIMIT _____ DATE _____ APPROVED BY: _____