



MORRIS WHOLESALE NURSERY

1909 PATTERSON ROAD RIVERBANK, CA 95367
Ph (209) 869-4111 Fax (209) 869-8774

COMMERCIAL ACCOUNT APPLICATION

COMPANY NAME _____
BILLING ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____
SOCIAL SECURITY # _____ DRIVERS LICENSE # _____
E-MAIL ADDRESS _____ A/P CONTACT _____
PRINCIPAL OWNER'S NAME _____
ADDRESS _____

_____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION

BANK NAME & ADDRESS

_____ PHONE # _____
_____ ACCOUNT # _____
_____ CONTACT _____

Give three trade references. NO BANK CARDS, CREDIT UNIONS, DEPT. STORE CARDS or UTILITY COMPANIES.
Please include complete address and phone number.

1) Name _____ 2) Name _____
Address _____ Address _____
Phone # _____ Phone # _____
Fax # _____ Fax # _____

3) Name _____
Address _____
Phone # _____
Fax # _____

AGREEMENT

By signing this agreement you hereby authorize Morris Wholesale Nursery to verify the above account service. This account is opened with the understanding it will be paid within terms of the invoice given. A late charge will be added and an additional 1.5% each month thereafter which is equivalent to 18% per annum and court costs will be added if needed in the collection of this account. The buyer will be liable to the seller for all related expenses incurred in collecting the balance due on any account which is not fully paid when due. Expenses will include trial and appellate proceeding costs, fees and expenses.

PERSONAL GUARANTEE

In consideration of credit granted by Morris Wholesale Nursery the undersigned guarantees any and all charges and/or money due Morris Wholesale Nursery. This sum to include any and all attorneys fees and collection costs. In the event payment is demanded by Morris Wholesale Nursery the undersigned agrees to make payment within 30 days. I have read and understand the above and agree to comply fully with its terms.

Signature / Title _____ DATE _____

Accounting use only.

Remarks _____
Account approved by _____