

Walters Gardens, Inc.

Confidential Application for Credit

Phone (Credit): (800) 775-0860 • (616) 741-0026 Fax (Credit): (800) 272-6996 • (616) 741-0028 E-mail: accounting@waltersgardens.com	Address: P. O. Box 137, Zeeland, Michigan 49464-0137 Office Hours: 7:30-4:30 EST Monday-Friday Website: www.WaltersGardens.com
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- Application for Net 30 Days (Complete sections 1, 3, 4, 5, 6 & 7)
- Application for Credit Card Terms (Complete sections 1, 2, 3, 5, 6 & 7)

1. Customer Information

Firm Name: _____ Accounts Payable contact: _____

Which of the following best describes your business? (Please check all that apply)

Retail: Garden Center | Farmers Market | Online Retailer or Mail Order | Seasonal Operation

Wholesale (re-wholesaling to): Retail | Landscapers | Mass Merchant

Landscape: Landscape Company | Landscape Design

Other: Botanic or Public Garden | Cut Flower Grower | Municipality | Homeowner

Other (please describe): _____

Billing Address: _____ City/State/Zip: _____

Shipping Address: _____ City/State/Zip: _____

Shipping contact: _____

Business Phone: _____ Accounts Payable Phone (if different): _____

Fax: _____ E-mail: _____

Year Established: _____ At Present Location Since: _____

Firm is: Proprietorship | Partnership | Incorporated under the laws of _____ (State)

Company owner(s) or officer(s): _____

Home address: _____ City/State/Zip _____

Parent company (if subsidiary): _____

HEREBY apply for credit in accordance with the terms & conditions of Walters Gardens, Inc. of Zeeland, Michigan 49464-0137.

Credit Manager: **Staci Cain** Terms: **Net 30 Days**

Amount of Credit Requested: \$ _____

Federal ID No.: _____ Dun and Bradstreet No. if applicable: _____

2. Credit Card Terms

The following information must be completed in full. This information will be held in the strictest confidence.

I want to apply for Credit Card terms. I agree to have WGI charge my credit card for ALL future orders unless I notify WGI otherwise.

Check here if Credit Card sales are agreeable until credit terms are approved.

VISA | MASTERCARD | DISCOVER | AMERICAN EXPRESS



Credit Card No.: _____ Credit Card Expiration date: _____

Name as shown on credit card: _____

Signature: _____

Billing address on credit card _____ State _____ Zip _____

3. Bank Information

Name of Bank: _____ Phone: _____
Address: _____ City/State/Zip: _____
Bank Account No.: _____ Contact person: _____

4. References

Please list only those from whom you buy on an open account, giving complete address, including zip codes. We cannot process without complete information. You must list at least three references.

Firm Name: _____

Address: _____ City/State/Zip: _____

Fax Number: _____ Phone Number: _____

Firm Name: _____

Address: _____ City/State/Zip: _____

Fax Number: _____ Phone Number: _____

Firm Name: _____

Address: _____ City/State/Zip: _____

Fax Number: _____ Phone Number: _____

Firm Name: _____

Address: _____ City/State/Zip: _____

Fax Number: _____ Phone Number: _____

Firm Name: _____

Address: _____ City/State/Zip: _____

Fax Number: _____ Phone Number: _____

5. Have you ever filed Bankruptcy?

No Yes

If yes, give details: _____

6. Please attach a copy of your financial statement if available.

I (We) have completed this application to obtain credit and certify that all statements contained thereof are true and correct. I (We) agree that credit inquiries may be made and authorize the release of such information to you. I (We) understand and agree that any credit granted shall be paid promptly in accordance with credit grantor's terms and agreements. I (We) also understand and agree that credit grantor may add legal rate of interest per month to any balance not paid in accordance with said terms and agreements. I (We) also agree, in the event of default, to pay reasonable collection charges, attorneys' fees, and court costs where applicable.

Date _____ Signed _____ Title _____

7. Please complete the Sales Tax Exemption Form

Sales and Use Tax Certificate of Exemption

TO BE RETAINED IN THE SELLER'S RECORDS - DO NOT SEND TO TREASURY.
This certificate is invalid unless all four sections are completed by the purchaser.

Section 1: Check One of the Following

- One time purchase
- Blanket Certificate (Note: A blanket certificate is valid for four years from the date of signature unless an earlier expiration date is listed below)
Expiration date, if less than four years: _____

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made clear under this certificate from Walters Gardens, Inc. and certifies that this claim is based upon the purchaser's proposed use of the items or services, or the status of the purchaser.

Section 2: Items Covered By This Certificate

- All items purchased
- Limited to the following items: _____

Section 3: Basis for Exemption Claim

- For Resale at Retail - Sales Tax Registration Number: _____
- For Resale at Wholesale - No Number Required
- For Lease - Use Sales Tax Registration Number: _____
- Agricultural Production - No Number Required but Describe: _____
- Industrial Processing - No Number Required
- Government entity, Nonprofit School, Nonprofit Hospital, and Church (Circle type of organization.)
- Nonprofit Internal Revenue Code Section 501(c)(3) and 501(c)(4) Exempt Organizations
(Attach a copy of IRS letter ruling)
- Nonprofit Organizations with an Exempt letter from your state (Attach a copy of State's letter)
- Other (explain): _____

Section 4: Certification

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Purchaser

Street Address

Area Code/Telephone No.

City/State/Zip Code

Signature and Title

Date Signed

Name (Print or Type)

Social Security No. or FEIN