



Sales Person: _____
 4353 Michigan Link, Fort Myers, FL 33916
 239-334-7343, 800-326-3966, FAX 239-334-2952
 www.gomulch.com E-Mail: service@gomulch.com

CONFIDENTIAL CREDIT APPLICATION

APPLICATION MUST BE COMPLETED IN FULL BEFORE EVALUATION CAN BE MADE.

Application Date: _____ Who to contact regarding this application: _____

Legal Name of Business: _____ Date Established: _____

Registered Fictitious Names: _____ Federal Tax ID #: _____

Business Address: _____ Building is: Owned
 City, State, Zip: _____ Rented

Mailing Address: _____ Mark if Required: Purchase Order
 City, State, Zip: _____ Job Name

Phone: _____ Alt/ Mobile: _____ Tax Status: Taxable
 Exempt
 (please attach exemption form)

Fax: _____ Accounts Payable Contact: _____

Credit Limit Requested: _____ Monthly Estimated Purchases: _____
 (credit limit will be established upon verification of 3 comparable trade references)

TYPE OF BUSINESS:

Lawn Maintenance Property Management
 Landscape Contractor Owner's Association
 Retail/ Garden Center Golf Course
 Developer Church/ Day Care
 Government Agency Other: _____

BUSINESS IS A:

Corporation
 Partnership
 Sole Proprietorship
 Non-Profit Organization
 L.L.C.

AUTHORIZED PURCHASERS: _____

SPECIAL INSTRUCTIONS: _____

OWNER(S), PARTNERS, AND/OR OFFICERS:

Name	Street Address	Social Security #
Title	City, State, Zip	Home Phone:
Name	Street Address	Social Security #
Title	City, State, Zip	Home Phone:
Name	Street Address	Social Security #
Title	City, State, Zip	Home Phone:

FRI OFFICE USE ONLY

Account #: _____ Terms: _____

Credit Limit: _____ Customer Type: _____

Approved By: _____ Date: _____ Salesman: _____

Notes: _____

TRADE REFERENCES:			
(minimum of 3)			
Name: _____	Acct # _____	Phone (Include Area Code) _____	Fax (Include Area Code) _____
Address: _____			
Name: _____	Acct # _____	Phone (Include Area Code) _____	Fax (Include Area Code) _____
Address: _____			
Name: _____	Acct # _____	Phone (Include Area Code) _____	Fax (Include Area Code) _____
Address: _____			
Name: _____	Acct # _____	Phone (Include Area Code) _____	Fax (Include Area Code) _____
Address: _____			
BANK REFERENCE:			
Bank: _____	Bank Address (your branch): _____	Bank Office/ Contact: _____	Phone (Include Area Code) _____
Account #: _____			

I/ We hereby authorize the references listed above to furnish Forestry Resources, Inc. with information regarding our account.

Company: _____ Address: _____

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____

TERMS AND CONDITIONS	
In consideration for extension of credit, the Undersigned agrees to the following terms:	
Applicant authorizes business credit investigations. All such information furnished will, of course, be kept confidential. Applicant expressly waives all right of exemption, where allowable by law, as to personal or real property and further agrees to pay all costs of collections or attempting to collect or secure any and all debts which applicant may now or in the future owe creditor for goods sold it & for services rendered and agrees that if proceedings are commenced to collect indebtedness, 33 1/3 % of the entire indebtedness shall be allowed and included in the judgement	
The Undersigned agrees that payment will be due net thirty days following the date of the invoice, understands that invoices past due are subject to a finance charge of 1-1/2 % per month or 18% per annum , and that a \$30.00 returned check fee will be charged per returned check. Claims for adjustments should be made within 5 days of invoice. In the event of a default in payment, the Undersigned, unconditionally, and severally guarantees payment of all sums due and owing, including all costs of collection, reasonable attorney's fees at trial and appeal court levels, and interest from the date of default on the amount owing at the time of default.	
In order to induce creditors, its successors and assigns, to extend credit to Applicants pursuant to this Credit Application, the Undersigned, unconditionally guarantees performance by the Applicant of its obligation hereunder and payment to creditors, its successors and assigns, of all debts and obligations of Applicant hereafter arising and existing, including, without limitation, all amounts of principal and interest due and all expenses of collection.	
The Undersigned agrees to keep this Application and the information contained in it current and to immediately notify creditors of any and all changes in the information provided. Notification must be made via certified mail to 4353 Michigan Link, Fort Myers, FL 33916	
The Undersigned, individually and as authorized agent for the Applicant, affirms that all information given hereunder is true, correct, and complete. The Undersigned agrees that any credit extended shall be in accordance with the terms and conditions set forth in this Application, and agrees to be bound by them.	
By: _____	Owner: _____
Agent for Applicant	Signature
Print Name	Print Name
Social Security Number	