

PART 1...GENERAL

ALL of the following information **MUST** be fully completed on ***Braun's Credit Application**. Incomplete applications will not be considered or processed. Please print legibly.

Your P.S.T. # _____ (Required by exempt Ontario, residents only)

Legal Business Name: _____

Nature of Business _____ #Years in Business _____

Mailing Address: _____
(Street) (City) (Prov.) (P. Code)

Principal's Name _____ Business Phone: _____ S.I.N. _____

Fax# _____ Drivers License # _____ Email _____

Residence Address: _____
(Street) (City) (Prov.) (P. Code)

Proprietor _____ Corporation _____ Partnership _____

If Limited Company or Partnership, list name and addresses of all partners, officers, and/or directors and their residence on attached piece of paper.

PART 2...CREDIT REFERENCES

We require 3 or more Credit References with phone & fax numbers (see page 2 of credit application).

PART 3...BANK All information must be completed on this page in order to process. We agree to give authorization to ***BRAUN** to conduct inquiries into our credit and banking history. **NO** application will be processed without complete banking information on this page. ****Must have your Acct# if Credit Requested (PART 4) is over \$ 500.00**

Name of Bank: _____ Bank Phone # _____

Bank Contact: _____ Fax # _____

Bank Address: _____ ****Acct #** _____ Transit # _____

PART 4...CREDIT LINE REQUESTED \$ _____ if amount is not stated your credit limit will be **\$500.00**
I/We request a monthly credit account in the sum stated above and agree to abide by your terms of trade as published in your trade catalogue. I/We agree to pay interest on any overdue invoices at the rate of 2% per month (24% per year). If any check is dishonoured when tendered for payment, I/we authorize ***BRAUN** to charge the amount of the dishonoured check to the following credit card, and I/we will pay card issuer amount charged pursuant to cardholder agreement.

____ VISA Card Number _____ Expiry Date : _____

____ MASTERCARD Card Number _____ Expiry Date : _____

____ AMERICAN EXPRESS Card Number _____ Expiry Date : _____

Name on Credit Card (Please Print) _____

Signature for Credit Card _____

Signature of Signing Officer Person responsible for paying your Company's account

Date _____ Please FAX to: Wendy Leeming (905) 648 - 8441

***The use of the word Braun, refers to Braun Nursery Limited in Canada, and Braun Horticulture, Inc. in the U.S.**

PART 2 - Credit/Trade References

*Braun requires a minimum of (3) trade references with phone & fax numbers: Our Credit Department is located at the Mount Hope, Ontario, Canada location.

Your Business Name : _____

References:

Require all FAX numbers please

1. _____

Phone# () _____ Fax () _____

2. _____

Phone# () _____ Fax () _____

3. _____

Phone# () _____ Fax () _____

All other information (including banking information)
MUST appear on *Braun's Credit Application (Page 1 of 2)
Please Fax to: Wendy Leeming (905) 648 – 8441

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