

BRAUN

HORTICULTURE

P.O. Box 260, Bridge Station, Niagara Falls, NY 14305

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CREDIT APPLICATION

(Please Print)

(Page 1 of 2)

PART 1...GENERAL

Legal Name of Business _____

Mailing Address: _____

Nature of Business _____ Phone # _____ Fax # _____

Proprietor _____ Corporation _____ Partnership _____ Years in Business _____

Principal's Name _____ SSN _____ Drivers Licence # _____

Residence Address _____

If Limited Company or Partnership, list name and addresses of all partners, officers, and/or directors and their residence on a separate sheet and attach.

E-mail Address: _____

Federal ID # _____

PART 2...BANK

I/We agree to give authorization to **Braun Horticulture Inc.** to conduct inquiries into our credit and banking history.

** Must have your bank account number if Credit Requested is over \$ 500.00 **

Name of Bank _____ Bank Contact _____

Bank Address _____

Transit # _____ Account # _____ Phone # _____ Fax # _____

PART 3...CREDIT LINE REQUESTED \$ _____ If 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), plus collection fees. If any check is dishonoured, when tendered for payment, I/We authorize Braun Horticulture Inc. 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 _____ Signature for Credit Card _____

(Please Print)

Signature of Signing Officer for Company

Person responsible for paying your Company's account

Date _____

Please FAX to 905 - 648 - 8441

