

BRAUN

NURSERY LIMITED

P.O. Box 160, Mount Hope, Ontario, Canada L0R 1W0

PHONE (905) 648-1911

(800) 246-6984

FAX (905) 648-8441

E-mail: esterl@braungroup.com

Website: www.braungroup.com

CREDIT APPLICATION

(Please Print)

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PART 1...GENERAL

Legal Name of Business _____

Mailing Address: _____

Nature of Business _____ Phone # _____ Fax # _____

Proprietor _____ Corporation _____ Partnership _____ Years in Business _____

Principal's Name _____ SIN/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: _____

CANADA P.S.T.# If Exempt _____ (Ontario Residents Only)

USA Federal ID # _____

PART 2...BANK

I/We agree to give authorization to **Braun Nursery Limited** 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 cheque is dishonoured, when tendered for payment, I/We authorize Braun Nursery Limited to charge the amount of the dishonoured cheque 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 _____

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

