

CONFIDENTIAL CREDIT APPLICATION

Locally grown and locally
owned since 1998
www.papiovalley.com



PAPIO VALLEY NURSERY, INC.
111 WILMA ROAD • PAPILLION, NE 68133
PHONE: 402-510-4418 • FAX 402-505-3421

Please fax completed application to 402-505-3421 or mail to the address listed on the left. You will receive a response to your credit application within 7 working days.

COMPANY NAME:			DATE:		
MAILING ADDRESS:			TELEPHONE:		
CITY:	STATE:	ZIP CODE:	FAX:		
YEAR BUSINESS ESTABLISHED:	<input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR			STATE OF INCORPORATION:	
FEIN OR SOCIAL SECURITY NUMBER:		SALES TAX EXEMPTION NUMBER:		STATE OF ISSUE:	
DEALER'S OR GROWER'S LICENSE NUMBER:		STATE OF ISSUE:	PURCHASE ORDER REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		REQUESTED CREDIT LIMIT:

OFFICERS/OWNERS/PARTNER INFORMATION

NAME #1		TITLE:		NAME #2		TITLE:	
% OWNED		SSN		% OWNED		SSN	
HOME PHONE #		CELL PHONE #		HOME PHONE #		CELL PHONE #	
STREET:				STREET:			
CITY:		STATE:	ZIP:	CITY:		STATE:	ZIP:
E-MAIL ADDRESS				E-MAIL ADDRESS			

BUSINESS CHECKING ACCOUNT REFERENCES

BANK NAME	ACCOUNT NUMBER	CONTACT PERSON	BANK PHONE NUMBER

BUSINESS TRADE ACCOUNT REFERENCES

COMPANY NAME:	CITY/STATE:	TELEPHONE NUMBER	FAX NUMBER (REQUIRED)

AGREEMENT - MUST BE SIGNED BY AN OFFICER OR OWNER OF APPLICANT

I, (We) understand that terms of sale are net 30, and I am opening the account on that basis. All invoices will be paid by due date, or a monthly finance charge will be assessed. If this account is not paid as agreed and a suit is necessary, I agree to pay in addition to the foregoing, a reasonable attorney fee. If this account is placed in the hands of a collection agency, I agree to pay you the collection fee, not exceeding 50% of the amount unpaid there on, and also a reasonable attorney fee. In case of suit, the venue of said suit may be laid in the county of residence of holder.

You are hereby authorized to contact any or all of the above references regarding my (our) credit rating. I understand the above-stated credit terms and policy.

Signed: _____ Title _____ Date _____

PLEASE INCLUDE RESALE CERTIFICATE (OR SALES TAX EXEMPTION FORM)
AND DEALER'S/GROWER'S LICENSE (IF APPLICABLE)
APPLICATION NOT COMPLETE UNLESS BOTH PAGES SIGNED

Open Account Agreement With Papio Valley Nursery, Inc.

The following terms and conditions will apply to all sales by Papio Valley Nursery, Inc. ("Papio Valley") to the undersigned ("Customer") on open account.

1. The total open account sales to customer will not exceed the credit limit approved by Papio Valley.
2. Payment of all invoices is due no later than thirty (30) days after the date of invoice.
3. A discount of 2% will be given on all invoices paid within ten (10) days of the date of invoice **unless payment is by credit card in which case no discount will be given.**
4. Amounts unpaid more than thirty (30) days after the date of invoice will bear interest at the rate of 16% per annum.
5. Papio Valley reserves the right to terminate open account sales to Customer if any invoice remains unpaid beyond thirty (30) days from the date thereof.
6. Customer will identify to Papio Valley on all purchase orders, whether written or verbal, the address to which merchandise sold by Papio Valley will be delivered.
7. Customer agrees that invoices and monthly statements are conclusive and accurate in all respects unless Customer notifies Papio Valley in writing of any objection within ten (10) days after Customer's receipt of such invoice or statement.
8. All sales of product must be prepaid or COD until Papio Valley approves of the extension of credit to Customer.
9. Papio Valley will bear no liability for product damaged during unloading or after delivery.
10. Short counts of product or transit damage must be noted in writing on the load list before delivery vehicle departs from Customer's location.
11. All claims of unsatisfactory product must be made in writing and received by Papio Valley within 48 hours after delivery.
12. All product orders are subject to stock on hand, crop conditions, acts of God, and availability.
13. Prices are subject to change at the sole discretion of Papio Valley.
14. No claim will be honored by Papio Valley if the product has been mishandled, maintained or stored incorrectly, including frost and drought damage.
15. As a condition for extending open account credit Papio Valley requires the signatures below of additional parties. By their signatures below the signing parties acknowledge that sales by Papio Valley to Customer are a valuable consideration to signing parties. The parties signing below unconditionally guarantee payment of all sums due under this Open Account Agreement from Customer to Papio Valley, including interest, and the liability of such persons shall be joint and several with Customer and a direct and primary obligation to Papio Valley.

DATED this _____ day of _____, 20____

PAPIO VALLEY NURSERY, INC.

(PVN Signature)

Customer Signatures:

Company Name: _____

By: _____

By: _____

Title: _____

Title: _____

(additional signator)

(additional signator)