

**Hoffman Nursery Commercial Credit Application**

5520 Bahama Road, Rougemont, NC 27572 (919) 479-6620 - Fax (919) 471-3100

Desired Amount of Credit: \$ \_\_\_\_\_

**Company Information**

Firm Name:	Description of Operation:
Billing Address:	
Shipping Address:	
Telephone:	Year Established:
Fax:	At Present Location Since:
Email:	Firm is a: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated under the laws of:
Company owner(s) or Officers:	
Social Security Number: (for Proprietorships and Partnerships)	Parent Company (if subsidiary):
Taxpayer ID Number: (for Corporations)	

**Bank References**

Bank Name:	Contact Name(s):
Bank Address:	
Telephone:	
Fax:	

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### Trade References (Please list 3 companies from whom you buy on open account)

Firm Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Years Doing Business: \_\_\_\_\_

Firm Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Years Doing Business: \_\_\_\_\_

Firm Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Years Doing Business: \_\_\_\_\_

### Authorization to Release Information

I certify that the information volunteered above is complete and accurate to the best of my knowledge. I hereby authorize our references and bank(s) to release and information necessary to assist in establishing a line of credit.

### Agreement on Terms and Conditions of Sales and Fees

I agree to pay all bills according to terms of sale unless otherwise stated on the invoice. Payment is due in full no later than thirty days from the date of the invoice. A service charge of 2% per month or a rate not to exceed lawful limits will be assessed against all past due balances.

Plants held thirty or more days beyond the originally projected ship or pickup date may be subject to storage fees calculated at 6% of the balance of plants stored. Orders canceled within a week of projected ship or pickup date will be subject to a 20% restocking fee. If a credit card is to be used to pay for an order, it must be provided on or before the date of shipment, otherwise an additional service fee may apply. Future orders may be held if payments are overdue.

The terms and conditions of sale are subject to and will be construed in accordance with the laws of the State of North Carolina. Hoffman Nursery, Inc. and buyer expressly agree that original jurisdiction of any dispute arising under or pursuant to this agreement shall lie in Durham County, NC, except the event Hoffman Nursery, Inc., in its sole discretion, elects to cause any dispute hereunder to be adjudicated in binding arbitration. Any claims or disputes on orders must be reported in writing within seven days of receipt.

I understand and agree to the terms and conditions outlined above:

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Owner/Officer	Title	Date
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