



P.O. Box 922 • McMinnville, TN 37111
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CREDIT APPLICATION / TERMS AGREEMENT

SALESMAN / BROKER NAME: _____

BUSINESS CONTACT INFORMATION			
Company name:		<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Address:	Please list all Officers / Partners / Proprietors:		
City, State, Zip			
Phone:			
Fax:			
SALES TAX ID:			
Primary Contact Name:		EMAIL(S) TO BE USED FOR:	1) Order Acks.:
Primary Email:		2) Invoices:	3) Stmt's:

BUSINESS AND CREDIT INFORMATION			
Date business commenced	How long at current address?	<input type="checkbox"/> Lease / Rent <input type="checkbox"/> Owned	Annual Sales Approx.
_____	_____ Yrs. _____ Mo.		\$ _____
Bank name:		Phone:	
Address:		Account number:	
City, State, Zip:		Type of account:	

BUSINESS/TRADE REFERENCES			
Company name	Phone		
Address	Fax		
City, State ZIP Code	Type of account		
Company name	Phone		
Address	Fax		
City, State ZIP Code	Type of account		
Company name	Phone		
Address	Fax		
City, State ZIP Code	Type of account		
Company name	Phone		
Address	Fax		
City, State ZIP Code	Type of account		
Company name	Phone		
Address	Fax		
City, State ZIP Code	Type of account		

AGREEMENT

- ¹ All invoices are to be paid 30 days from the date of the invoice. By signing below, you acknowledge and agree to pay a service charge of 1 ½% per month, or the amount allowed by law in your state, on all overdue accounts. You further acknowledge and agree that in the event that it becomes necessary for Botanico, Inc. to file suit to enforce payment, that such suit may be brought in Warren County, TN at the seller's option and seller shall be entitled to court costs, attorney's fees and interest at the maximum rate allowed on all amounts found to be due and payable.
- ² By signing this application, you hereby authorize Botanico, Inc. to make inquiries into all banking and business/trade reference information supplied.
- ³ By signing this application, you further authorize the release of pertinent banking and business/trade reference information to Botanico, Inc.

SIGNATURE			
As a Corporation officer, partner or proprietor, I hereby certify the above information is true and accurate to the best of my knowledge and agree to abide by the terms set forth herein.			
Signature:		Print Name:	
Date:		Title:	