



BLUE GRASS FARMS, INC.

1915 W. 53rd Street
 Anderson, IN 46013
 765.649.1012- Phone
 765.640.2006 - Fax

Nursery Industry

UNIFORM CONFIDENTIAL CREDIT APPLICATION & PURCHASE ORDER AGREEMENT (For the wholesale trade; NOT for consumer or retail use)

We welcome your interest in doing business with our company Blue Grass Farms. For your convenience and to serve you more speedily and completely, we encourage establishment of an open account. All information submitted will be held in strictest confidence and used solely to determine your line of credit. It is not mandatory that items be completed; however, the greater your participation the quicker your application can be acted upon (allow a minimum of two weeks for processing).

FIRM NAME					PARENT CO NAME & LOCATION			
BILLING ADDRESS					YOUR PHYSICAL ADDRESS			
CITY					CITY			
STATE	ZIP	TELEPHONE	FAX		STATE	ZIP	TELEPHONE	FAX
E-MAIL ADDRESS					CELL PHONE			
LEGAL STATUS (X)	<input type="checkbox"/>	PROPRIETORSHIP	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	INCORP. In (State):	YR	
YR ESTABLISHED	<input type="text"/>	AT PRESENT LOCATION SINCE	<input type="text"/>	OWNED	<input type="checkbox"/>	LEASED FROM	<input type="text"/>	<input type="text"/>
NATURE OF BUSINESS (i.e. Retail, Landscape, etc.)								

OFFICERS/OWNERS NAMES	TITLES	Birth date	RESIDENCES	TELEPHONE

Trade References: Please provide complete addresses and phone numbers/fax numbers to firms from whom you are currently purchasing on open account.

FIRM NAME					FIRM NAME			
ADDRESS					ADDRESS			
CITY					CITY			
STATE	ZIP	TELEPHONE	FAX		STATE	ZIP	TELEPHONE	FAX

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Trade References Continued: Please provide complete addresses and phone numbers/fax numbers to firms from whom you are currently purchasing an open account.

FIRM NAME				FIRM NAME			
ADDRESS				ADDRESS			
CITY				CITY			
STATE	ZIP	TELEPHONE	FAX	STATE	ZIP	TELEPHONE	FAX

Bank References:

BRANCH NAME				OFFICER / DEPARTMENT			
ADDRESS				CHECKING ACCT. #			
CITY				SAVINGS ACCT. #			
STATE	ZIP	TELEPHONE		LOAN ACCT #			

AMOUNT OF CREDIT DESIRED: \$ _____

TERMS: Applicant is hereby advised that our regularly stated terms are 30 days NET. Past due accounts will be assessed a service charge of 1.5% per month or at a rate not to exceed lawful limits. All claims for errors or unsatisfactory stock must be reported upon receipt and confirmed by written memorandum within 7 days lest all consideration be waived.

ADDITIONAL PROVISIONS OF OUR COMPANY INCLUDE:

Although we stock and maintain only hardy and healthy stock, it is subject to conditions beyond our control once it leaves the nursery. Therefore, no guarantee is offered as to the productiveness or life of the material we sell and will not, in any way, be responsible for the results secured.

If any stock proves untrue to the description or variety name under which it is sold, we hold ourselves in readiness, on proper proof, to replace such stock free of charge or refund the original amount paid. We shall in no case be liable for any sum greater than the amount originally received for the said stock.

In the event it becomes necessary for our firm to file suit to enforce payment, we shall be entitled to court costs, attorney's fees and interest at the rate of 2% per month on all amounts due and payable.

CORPORATION OFFICERS HEREWITH ACKNOWLEDGE AND ASSUME PERSONAL RESPONSIBILITY FOR DEBTS INCURRED IN THE NAME OF THE FIRM:

Individual _____ Signature Title Date	Individual _____ Signature Title Date
Individual _____ Signature Title Date	Individual _____ Signature Title Date

I HAVE READ, UNDERSTOOD, AND ACCEPT THE ABOVE TERMS, HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE THE AVOVED CITED REFERENCES TO SUPPLY PERTINENT INFORMATION AS MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES.

SIGNATURE OF _____ SOCIAL SECURITY # _____ DATE _____
APPLICANT RESPONSIBLE PARTY

(DO NOT WRITE IN THIS SPACE)

PREVIOUS EXPERIENCE WITH APPLICANT _____ DISPOSITION _____
REASON _____ CREDIT LIMIT _____ DATE _____ BY _____