

NEW CUSTOMER FORM

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CONTACT: _____

EMAIL: _____

SALES TAX EXEMPTION NUMBER (if applicable): _____

FORM OF ID: _____ ID#: _____ EXP: _____

ALTERNATE ADDRESS

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CONTACT: _____

EMAIL: _____

FOR OFFICE USE ONLY

KNOX CUSTOMER NUMBER: _____ DATE: _____

KNOX ALTERNATE CUSTOMER NUMBER: _____

PLUG DIVISION: _____ FINISHED DIVISION: _____

CUSTOMERS APPLICABLE SALES TAX PERCENT: _____
(Sales tax exemption certificate must be attached for tax exempt customers)

ALTERNATE ADDRESS'S APPLICABLE SALES TAX PERCENT: _____ *(If different from above)*

CUSTOMER TERMS: _____

METHOD OF PAYMENT: _____
(An authorization form must be attached for customers wishing to purchase by credit cards)

METHOD OF SHIPMENT: _____

We accept the following forms of payment:

CASH

VISA

MASTERCARD

AMERICAN EXPRESS

DISCOVER

DEBIT CARDS

COMPANY CHECKS

(Sorry, no personal checks accepted!)

Since 1962

YOUR BEDDING PLANT SPECIALIST
FOR OVER 50 YEARS

KNOX HORTICULTURE

940 Avalon Rd. • Winter Garden, FL 34787 • 407-654-1972 • Fax: 407-654-2302 • WWW.KNOXHORT.COM

Dear Cash on Delivery Customer:

Due to the business climate that we are all in, we are getting a higher amount of returned checks and this causing a change in our policies of accepting checks. Knox Horticulture must have a signed personal guarantee for acceptance of any check for merchandise rendered.

Knox Horticulture understands that you are not seeking credit from Knox Horticulture, but technically the time that it takes from when we receive the check to when it clears the bank is the credit term.

We are sorry for any inconvenience that this may cause and as always, we appreciate your business! If you prefer to use a credit or debit card as an alternative, please complete and return the attached Credit Card authorization form.

Regards,

Bruce Knox
President

Personal Guarantee for the Acceptance of Business Checks

In consideration for Knox Horticulture accepting a check drawn on the business identified below (the "Customer"), presented for payment of any materials and/or services purchased on or after this date at the request of said business (the "Customer") or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Knox Horticulture due to returned checks.

It is understood and agreed that credit, if extended, will be on a continuing basis, and may exceed estimated maximum credit limit required as stated in the credit agreement between Knox Horticulture and the Customer. Knox Horticulture shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned shall waive demand, notice of default, and any extension of time or other forbearance, which Knox Horticulture may choose to extend.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested, is received by Knox Horticulture Said notice shall specify the date on which this guaranty is to be terminated, said date shall not be less than seven business days after such notice is received. Such termination shall in no way release the undersigned as to any sums or debts incurred by Customer due to Knox Horticulture prior to such termination.

Name of Business: _____

Name: _____ Date: _____

(Printed name of person guaranteeing payment, NO TITLE)

Home Address: _____

Home Phone #: _____ SS#: _____ DOB: _____

Signature of Person

Guaranteeing Payment: _____

Please include a copy of the check signors Driver's License

CUSTOMER CREDIT CARD AUTHORIZATION FORM

Please complete and fax to: 407-654-2302
- OR -
Mail to the address above

DO NOT email this form with credit card information!

COMPANY NAME: _____

PHONE: _____ FAX: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CARD OWNER: _____

NAME AS IT APPEARS ON CREDIT CARD: _____

AUTHORIZED BUYER(S): _____

CREDIT CARD TYPE: _____ EXPIRATION DATE: _____

CREDIT CARD NUMBER: _____

CREDIT CARD BILLING ZIP CODE: _____ CCV#: _____

I AUTHORIZE KNOX HORTICULTURE TO CHARGE THE ABOVE CREDIT CARD FOR PAYMENT ON ALL PURCHASES OR OUTSTANDING BALANCES ON OUR ACCOUNT. KNOX HORTICULTURE WILL PROVIDE AN INVOICE OR PROOF OF DELIVERY FOR ALL PURCHASES AND WILL FURNISH AN ACCOUNT STATEMENT UPON CUSTOMER REQUEST. I ACKNOWLEDGE THIS AUTHORIZATION SHALL REMAIN IN EFFECT UNTIL THE CREDIT CARD EXPIRES OR UNTIL I NOTIFY KNOX HORTICULTURE IN WRITING TO REMOVE IT FROM OUR ACCOUNT.

SIGNED: _____

TITLE: _____

DATE: _____

Thank you for your interest in establishing credit with Knox Horticulture.

Please complete the attached credit agreement. Please provide all the information requested and return the original copy to us via postal mail or hand delivery. If your company is bonded or tax-exempt, please include a copy of your bond and/or tax certificate with your agreement.

Once received, the review process will begin and can take up to 30 days to complete. To aid the process, please be sure you have completed the agreement fully and accurately prior to submission. Incomplete agreements may result in delays or disapproval.

Thank you for your cooperation in this matter. Please feel free to call our Accounts Receivable department if you have any questions or concerns.

We thank you for allowing us the opportunity to serve your nursery needs!

CREDIT AGREEMENT

Legal Name: _____ Line of Credit Requested: \$ _____

Trade Name (D/B/A): _____ Federal Tax ID#: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Website: _____

Type of Business: _____ Date Established: _____ Dun & Bradstreet #: _____

No. of Employees: _____ Estimated Annual Sales: _____ Sales Area: _____

Shipping Address: _____ City: _____ State: ____ Zip: _____

A/P Contact: _____ Email: _____ Phone #: _____ Ext: _____

Does State, County, or City require a License? Yes No If yes, License#: _____ Exp: _____

FL AGRICULTURAL DEALERS BOND: Yes No If yes: Bond#: _____ Amount: \$ _____

Ownership/Entity (Check One.): Corporation Limited Liability Co. Partnership Sole Proprietorship

PRINCIPAL: _____
(Name) (Title) (SS#) (Ownership %)

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(Name) (Title) (SS#) (Ownership %)

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(Name) (Title) (SS#) (Ownership %)

PRINCIPAL: _____
(Name) (Title) (SS#) (Ownership %)

All owners of 25% or greater interest in the Business are deemed Principals and must provide the requested information

TRADE REFERENCES

(Name) (City) (Phone) (Fax)

(Name) (City) (Phone) (Fax)

(Name) (City) (Phone) (Fax)

BANK REFERENCES

(Name) (Address) (Acct#) (Contact)

(Name) (Address) (Acct#) (Contact)

(Name) (Address) (Acct#) (Contact)

Mortgage Holder or Landlord: _____ #of years at current address: _____

Address: _____ Phone #: _____

Former Business Address (if applicable): _____

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CREDIT AGREEMENT

Has the firm or any of its principals ever been Bankrupt? Yes _____ No _____

If yes, explain: _____

Any misrepresentation in this agreement will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

We hereby authorize the above listed Bank and Trade references to release information to Knox Horticulture for use in its evaluation of this Credit Agreement for the undersigned business.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed, Net 30 days, and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned business acknowledges and agrees that all purchases shall be subject to all invoice terms and conditions as may be modified from time-to-time by Knox Horticulture. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

(Name of Business) Date: _____

(Print Name) (Title) (Signature)

(Print Name) (Title) (Signature)

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PERSONAL GUARANTY

In consideration for Knox Horticulture extending credit to the business identified below for any materials and/or services purchased after this date at the request of business identified below (the "Customer") or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Knox Horticulture by the Customer whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Knox Horticulture and the Customer. Knox Horticulture shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance, which may be extended by Knox Horticulture

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested, is received by Knox Horticulture. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date _____ Name: _____
(Name of person guaranteeing payment, NO TITLE)

Home Address: _____

Home Phone #: _____ SS#: _____

Email: _____ Date of Birth: _____

Signature of Person
Guaranteeing Payment: _____

Name of Business
Whose Account is Guaranteed: _____

CREDIT DEPARTMENT USE ONLY

Date: _____

Line of Credit: Approved / Denied Terms: _____ Credit Amount: \$ _____

Comments: _____
