

Shade Tree Nursery
10765 176th Street
McAlpin, FL 32062

CUSTOMER INFORMATION AND AGREEMENT

We appreciate the opportunity to serve you. Please complete the information required below:

For Office Use Only

Cust # _____ Salesperson _____

Section A – Customer Information

GENERAL INFORMATION:

Legal Company Name: _____ D/B/A: _____
(Please Print or Type)

Address _____ City _____ State _____ Zip Code _____

Company Phone # _____ Fax # _____

Contact's Name _____ Title _____

Contact's Phone # _____ Cell # _____ Email address _____

Best Way to Contact You: ☐ Company phone ☐ Contact Phone ☐ Cell Phone ☐ Email

Form of Business: ☐ Proprietorship ☐ Partnership ☐ Corporation Estimated Sales Per Month \$ _____

Type of Business: ☐ Landscape Contractor ☐ Retail Garden Center ☐ Home Builder ☐ Nursery
☐ General Contractor ☐ Landscape Architect ☐ Developer ☐ Maintenance (over 80% work maintenance)
☐ Refurb. Work ☐ Golf Course Builder/Maintenance ☐ Government - DOT, Parks & Recreation
☐ Landscape Distributor ☐ Irrigation (over 90% work irrigation) ☐ Other _____

Landscape Contactors Primary: ☐ Light Commercial includes Multi Family ☐ Heavy Commercial Bid Work
☐ Track Homes ☐ Residential

Have Holding Yard? Yes _____ No _____ Full Time Buyer? Yes _____ No _____

Do you require a Purchase Order Number? Yes _____ No _____

Tax Exempt? Yes _____ No _____ if yes, please supply copy of Exempt Certificate.

Please list authorized buyers for your company: _____

FAX / EMAIL AUTHORIZATION:

I understand that by providing the fax number(s) and email address above, on behalf of the company/organization specified above, I am authorized to and hereby consent for the company/organization to receive faxes or emails sent by or on behalf of Shade Tree Nursery, LLC

Authorized Signature: _____ Date: _____

Section B: Check Writing Information & Accounts Payable

In order for us to accept checks from any company, we must ask for the following information. This information will be held in confidence by Shade Tree Nursery, LLC and will NOT be used for marketing purposes or distributed in any other way. This information can be used to protect Shade Tree Nursery, LLC as well as your company by having authorized check signers on file with us. Thank you for your cooperation.

CHECK AUTHORIZATION INFORMATION:

Full Name of Person Signing the Check(s): _____

Social Security #: _____

Home Address: _____ City _____ State _____ Zip _____

Home Phone: _____

Driver's License #: _____ State of Issue: _____

Please include copy of Drivers License with this application.

Date of Birth: _____ Sex: _____ Hgt: _____

Signature of Check Signer

Please Print Name Clearly

I agree that the above information is correct to the best of my knowledge and that I have payment by check privileges: _____

Signature of Applicant

(Print Name)

CUSTOMERS IN FLORIDA: Please provide the following information:

Florida Agricultural License Number: _____

FL Agricultural Bond Number: _____

Amount of Bond \$ _____ Date of Bond: _____

ACCOUNTS PAYABLE INFORMATION:

Contact Name: _____ Phone #: _____

Address if Different than Company: _____

RETURNS – We do not take returns of material inspected and accepted by the Customer.

DELIVERY – Goods travel at the purchaser's own risk and expense.

CLAIMS – Claims for errors in type of species, color and / or specification of discounts will not be considered unless made in writing within 48 hours after receipt of goods. Shade Tree Nursery, LLC shall not be liable for claims greater than that paid for plants.

DISCLAIMER AS TO NATURAL CAUSES – All orders shall be void if stock is injured due to hail, frost, accidents or other natural causes.

CASH SALES – Unless credit has been previously approved, all sales are made on the basis of payment in cash at time of sale. Thirty days is required for some approvals of credit.

INDIVIDUAL CONTINUING PERSONAL GUARANTY

Date: _____

TO: (Creditor Company Name), including all divisions, subsidiaries and affiliates thereof.

I, _____ and _____
(Principal) (Principal)

understand that after having my credit request evaluated (increased), for and in consideration of your extending credit at my request to

(Name of Company)

(hereinafter referred to as the "Company"), of which I am the _____
(Title)

hereby personally guarantee payment of all indebtedness now and hereinafter owing by the Company, whether an individual, partnership, corporation, or other. In consideration of extending credit, I/we, the undersigned, hereby individually and personally guaranty to pay all sums of money that, at any time hereinafter, become due, whether said indebtedness be in the form of notes, bills, open accounts, or any other form. Guarantor(s) also agree(s) to pay all service and interest charges of 1 1/2% per month, together with attorney fees, collection costs, and court costs. Cancellation of this continuing irrevocable personal guaranty must occur by serving notice via certified mail, return receipt requested, (Creditor Company Name and Address, Attn: Credit Manager).

Please Print 1) Name _____

2) Home Address _____

3) Res. Telephone # _____ SS# _____

1) Name _____

2) Home Address _____

3) Res. Telephone # _____ SS# _____

Signature of Principal (Guarantor)

Signature of Principal (Guarantor)

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.