

10765 176TH STREET
McALPIN, FL 32062
OFFICE:386-364-4621
FAX:386-362-5975
officeshadetree@gmail.com
www.shadetreenursery.org



Credit Application for a NET 30 Account: We appreciate the opportunity to serve you. Please complete the information required below for a Net 30 accounts. This information will be held in confidence by Shade Tree Nursery and will NOT be used for any marketing purposes or distributed in any way. This information is to protect Shade Tree Nursery as well as the customer. Thank you for your cooperation. *PLEASE FILL OUT THIS APPLICATION OUT AND SEND A COPY OF YOUR W-9 AND RESALE CERTIFICATE IF YOUR TAX EXEMPT TO officeshadetree@gmail.com

CONTACT INFORMATION

COMPANY NAME: _____ DBA (if any) _____

PHYSICAL ADDRESS:(street) _____ (apt/suite#) _____

(city) _____ (state) _____ (zip code) _____ EIN# _____

COMPANY PHONE: _____ FAX: _____ EMAIL: _____

BUSINESS INFORMATION

TYPE OF BUSINESS: _____ LICENSE# _____

CORPORATION___ PARTNERSHIP___ PROPRIETORSHIP___ LTD PARTNERSHIP___

DATE OF CORPORATION: _____ IN WHAT STATE: _____

PRINCIPLE OWNERS/ OFFICERS:

OWNER/OFFICER NAME: _____ ADDRESS: _____ PHONE# _____

OWNER/OFFICER NAME: _____ ADDRESS: _____ PHONE# _____

OWNER/OFFICER NAME: _____ ADDRESS: _____ PHONE# _____

CUSTOMERS IN FLORIDA: Please provide the following information:

Florida Agriculture License Number: _____ FL Agricultural Bond# _____

Bond Amount \$ _____ Date of Bond: _____

PROMISSORY AGREEMENT

I _____ with _____

(Individuals name filling out this document.)

(Your Company Name)

Authorize Shade Tree Nursery to set up this Net 30 account on behalf of the company information that I have just provided within this document. I agree to keep our account within the requested Net 30 terms and acknowledge invoices are subject to a Finance Charge of \$10 OR 2% per month after 30 days Overdue. Any claims for errors will not be considered unless made in writing within 48 hours of receiving the product. By signing below, you are confirming that the above information is accurate, and the credit requirements will be met/maintained.

SIGNATURE: _____ TITLE: _____ DATE: _____

ACCOUNTS PAYABLE INFORMATION

CONTACT NAME: _____ PHONE: _____ EMAIL: _____

BILLING ADDRESS: *If different than Company: _____

CHECK MARK YOUR PREFERENCE TO RECEIVE INVOICES & STATEMENTS: EMAIL _____ MAIL _____

ARE PO #'S REQUIRED FOR YOUR PURCHASES? YES _____ NO _____ TAX EXEMPT? YES _____ NO _____

**IF YES PLEASE ATTACH THIS YEAR'S RESALE CERTIFICATE **REQUESTED CREDIT AMOUNT: \$ _____

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.

PLEASE LIST ALL AUTHORIZED BUYERS

NAME:(first) _____ (last) _____ PHONE: _____

NAME:(first) _____ (last) _____ PHONE: _____

REFERENCES:

COMPANY NAME	ADDRESS	PHONE#	EMAIL

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:

Full Name of person signing the checks: _____

Social Security # _____ Home Address: _____

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

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

Signature of Signer: _____ Print Name: _____

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 ½% 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

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

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

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) ► _____ <small>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.</small> <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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
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.