



931.934.2868 • 800.557.5522 • Fx.931.934.2844

CREDIT APPLICATION / TERMS AGREEMENT

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				
Email:				

BUSINESS AND CREDIT INFORMATION

Date business commenced	How long at current address? _____ Yrs. _____ Mo.	<input type="checkbox"/> Lease / Rent	<input type="checkbox"/> Owned	Annual Sales Approx. \$ _____
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: