

**ROSE TREE NURSERY dba
Shademaster Nursery
1104 South Main Street
Donahue, IA 52746**

CREDIT ACCOUNT APPLICATION

Legal Business Name _____ Phone _____

Address _____ Date _____

City _____ State _____ Zip _____

Is your company a: Corporation _____ Partnership _____ Individual Ownership _____

Principals Names & Titles _____

Purchasing Agent _____ Accounts Payable _____

TRADE/BANK REFERENCES

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

BANK Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

How many years has your company been in business? _____

You estimate your monthly credit requirements to be \$ _____

Do you require Purchase Order Numbers? _____ Are you taxable? _____ Non-taxable? _____

What is your tax number and state of issue? Tax # _____ State _____

Our terms are 1% 10 Days/Net 30 Days. All past due accounts are subject to a 1-1/2% per month service charge or the maximum rate allowed by law. The undersigned promises to pay for purchases in accordance with the above terms of sale. The undersigned also agrees to pay and authorize Rose Tree Nursery to bill my/our account service charges as described above if, at any time or for any reason, the undersigned is unable to pay for purchases when due. In the event it becomes necessary for Rose Tree Nursery to incur collection costs or institute suit to collect any amount due under this agreement, the undersigned promises to pay such additional costs, charges and expenses (including reasonable attorney's fees), if the account should be placed in the hands of an attorney for collection. The undersigned authorizes the release of information from the above references.

AUTHORIZED SIGNATURE _____
TITLE _____

Return Application To: ROSE TREE NURSERY, P.O. Box 226, Donahue, IA 52746