

Barton Nursery
949 New Durham Road
Edison, NJ 08817

Dear Valued Customer,

Please complete this credit application and return the original via mail. Make sure that it is signed in all applicable places and all information is filled in. Please be sure to include **all nursery trade references** and fax numbers.

By not completing or signing this application will delay you request for credit.

Sincerely,

Chris Barton
Credit Mgr
/CB

**CORPORATION OFFICERS, PARTNERS, OR PROPRIETORS HEREWITH,
ACKNOWLEDGE AND ASSUME PERSONAL RESPONSIBILITY FOR DEBTS
INCURRED IN THE NAME OF THE FIRM.**

APPLICANT HEREBY AGREES TO PAY A SERVICE CHARGE OF 2% PER MONTH ON ALL OVERDUE ACCOUNTS. THE PARTIES AGREE THAT IF ANY INSTALLMENT PAYMENT UNDER THIS AGREEMENT IS NOT PAID WHEN DUE, THEN THE APPLICANT SHALL PAY ALL EXPENSES OF COLLECTION IF THE MATTER IS PLACED IN THE HANDS OF AN ATTORNEY FOR COLLECTION. THESE ESPENSES SHALL INCLUDE ALL REASONABLE ATTORNEY'S FEES OR AT LEAST 15% OF THE DEFAULT DEFICIENCY.

APPLICANT HEREBY AGREES TO GRANT AN IRREVOCABLE POWER OF ATTORNEY TO CREDITOR TO PROCESS CREDITS AND PAYMENTS FROM VISA, MASTERCARD, AMERICAN EXPRESS, OR ANY OTHER CREDIT CARD GRANTING AGENCY TO PAY ANY OUTSTANDING AMOUNTS WHICH ARE NOT PAID WITHIN **60 DAYS** FROM THE DATE OF THE CHARGE.

VISA ACCT # _____ EXP.DATE _____ LIMIT _____
MASTERCARD# _____ EXP.DATE _____ LIMIT _____
AMER.EXPRESS# _____ EXP.DATE _____
LIMIT _____
OTHER CARD # _____ EXP. DATE _____ LIMIT _____

THE APPLICANT/GUARNTORS AGREE THAT IN THE EVENT THERE ARE ANY DISPUTES ARISING FROM ANY SALE COVERED BY THIS AGREEMENT, THE PARTIES AGREE TO SETTLE THE MATTER BY BINDING ARBITRATION USING THE AMERICAN ABRBITRATION ASSOC., CONSTRUCTION RULES. BOTH PARTIES SHALL SHARE THE COST OF ARBITRATION.

I HEREBY CERTIFY THE FOREGOING TO BE TRUE TO THE BEST OF MY KNOWLEDGE. DATED: _____

(X) _____ SIGNATURE OF APPLICANT

PRINT NAME OF INDIVIDUAL

ADDRESS

(X) _____ SIGNATURE OF GUARANTOR

PRINT NAME OF GUARANTOR

ADDRESS OF GUARANTOR

ALL INFORMATION SUBMITTED IS HELD IN STRICTEST CONFIDENCE

FIRM NAME _____ TELE.(____)_____

MAILING ADDRESS:_____

SHIPPING ADDRESS:_____

FAX # _____ CELL# _____

E-MAIL _____

ORGANIZATION: PROPRIETORSHIP _____ CORPORATION _____
PARTNERSHIP _____

OWNER/OFFICER NAMES: (1) _____

(2) _____

HOME ADDRESSES: (1) _____

(NO PO BOX) (2) _____

YEAR PRESENT OWNER ESTABLISHED _____

REAL ESTATE OWNED (ACRES) _____

VALUE \$ _____ MORTGAGE \$ _____

NUMBER OF EMPLOYEES: _____ INS. CARRIED _____

MORTGAGE ON MACHINERY/EQUIPMT \$ _____ HELD BY _____

DO YOU PLEDGE OF BORROWW ON ACCTS. REC? _____

FROM WHOM? _____

TRADE REFERENCES(COMPLETE MAILING ADDRESS & FAX # PLEASE)

NAME	STREET	CITY	STATE	FAX #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

BANK REFERENCES

NAME _____

ADDRESS _____

ACCOUNT NUMBER _____

CREDIT LIMIT DESIRED PER MONTH: _____

DESCRIPTION OF BUSINESS _____

TO WHOM IT MAY CONCERN:

DUE TO THE TIGHTENING OF REGULATIONS IN THE DIVULGING OF CREDIT INFORMATION, BANKS ARE NOW REQUIRING WRITTEN AUTHORIZATION FROM THEIR DEPOSITORS FOR RELEASE OF ANY INFORMATION IN REGARDS TO THEIR ACCOUNT.

WHEN YOU RETURN YOUR COMPLETED CREDIT APPLICATION, PLEASE SIGN THIS AUTHORIZATION WITH YOUR ACCOUNT NUMBER FOR YOUR BANK AND RETURN IT ALSO.

THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

DATE _____

I GIVE MY PERMISSION FOR THE RELEASE OF INFORMATION ABOUT MY ACCOUNT # _____ AS REQUIRED ON THE ATTACHED BANK CREDIT REFERENCE LETTER.

SIGNED (X) _____