



**EASTERN SHORE NURSERY OF VIRGINIA, LLC**  
 P.O. BOX 400 Melfa, VA 23410  
 Phone: 757-787-4732      Toll Free: 800-323-3008  
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**CONFIDENTIAL CREDIT APPLICATION**

Firm Name: \_\_\_\_\_

Name of Parent Company (if subsidiary): \_\_\_\_\_

Legal Status: (x) \_\_\_ Proprietorship \_\_\_ Partnership \_\_\_ LLC \_\_\_ Incorp. In (State) \_\_\_ Year \_\_\_

Date Established: \_\_\_\_\_ Current Ownership Since: \_\_\_\_\_ At Present Location Since \_\_\_\_\_

Property Owned \_\_\_\_\_ or Leased From \_\_\_\_\_ Lease Expiration \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Billing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Billing Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Officers/Owners Name	Title	Residence Address	Home/Cell Phone Number

**SALES TAX**

All customers must include proper tax exemption form or 5.3% sales tax will be charged. Tax Exemption will only be granted if HARD COPY of certificate is on file. All out-of-state dealers who pick-up orders in Virginia must bring a copy of their resale certificate and complete Form ST-14 or 5.3% sales tax will be charged.

Tax Exempt(x): \_\_\_ Yes \_\_\_ No Tax Exempt Number: \_\_\_\_\_ State: \_\_\_\_\_

**Bank References:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Officer: \_\_\_\_\_

Checking Acct No: \_\_\_\_\_

Loan Acct No: \_\_\_\_\_

**NURSERY TRADE REFERENCES**

Indicate firms from whom you are currently purchasing on open account

NAME	ADDRESS	PHONE #	FAX#

TERMS: Applicant is hereby advised that our terms are: New Accounts – COD, Established Accounts – Net 30 Days. Past due accounts will be assessed a service charge of 1.5% per month or at a rate not to exceed lawful limits. All claims for errors or unsatisfactory stock must be reported upon receipt and confirmed in writing within 10 days lest all consideration be waived.

If it becomes necessary for our firm to refer this account to a collection agency and/or file suit, we shall be entitled to all costs, including, but not limited to, collection fees, attorney's fees, court costs and interest at the rate of 1.5% per month on all amounts due and payable. Applicant agrees that venue for any collection suit shall be in the County of Accomack, Commonwealth of Virginia.

CORPORATE OFFICERS HERewith ACKNOWLEDGE AND ASSUME PERSONAL RESPONSIBILITY FOR ALL DEBTS INCURRED IN THE NAME OF THE FIRM:

Individual: \_\_\_\_\_  
 Signature Date

Individual: \_\_\_\_\_  
 Signature Date

Individual: \_\_\_\_\_  
 Signature Date

Individual: \_\_\_\_\_  
 Signature Date

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE TERMS, HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE, AND HAVE RETAINED A COPY OF THIS AGREEMENT FOR MY RECORDS. I FURTHER AUTHORIZED THE ABOVE CITED REFERENCES TO SUPPLY PERTINENT INFORMATION AS MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES.

I ASSUME RESPONSIBILITY TO NOTIFY EASTERN SHORE NURSERY OF VIRGINIA, LLC OF ANY SUBSTANTIAL CHANGES IN THE FINANCIAL CONDITION OF THE BUSINESS AND/OR ANY CHANGE IN THE PRINCIPAL OWNERS OR STOCKHOLDERS.

Applicant: \_\_\_\_\_  
 Signature & Title of Responsible Officer Date

Applicant: \_\_\_\_\_  
 Signature & Title of Responsible Officer Date