



CREDIT APPLICATION
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Online Registration



Filing out this application in its entirety will expedite the processing and approval of your credit limit. We suggest contacting your trade references and your Banker to encourage their prompt response.

Date of request _____

Legal Business Name _____ Phone _____

Billing Address _____ Fax _____

City _____ State _____ Zip _____ E-Mail Address _____

Shipping Address _____ Web Site Address _____

City _____ State _____ Zip _____ County _____

Contact Name _____ PO required? _____ Date business started _____ Greenhouse Size _____

Accounts Payable Contact Name _____

Business Entity

Sole Proprietorship Corporation Limited Liability Corporation Partnership

Social Security or Federal ID Number _____ State of Incorporation _____

Annual sales _____ Approximate number of employees _____

List any d/b/a or Trade Names _____ Parent Company (if Subsidiary) _____

Principal Owners/Officers

Name _____ Phone _____ Email _____

Home Address _____ Title _____

Name _____ Phone _____ Email _____

Home Address _____ Title _____

Name _____ Phone _____ Email _____

Home Address _____ Title _____

Type of Business: To help us classify your account, please select your primary business:

- | | | |
|---------------------------------|----------------------------|----------------------------------|
| G – Greenhouse | M – Municipality | P – Property/Grounds Maintenance |
| N – Nursery | SC – School | S – Snow Professional/Ice Melt |
| R – Retail Garden Center | T – Tree Care | O – Other (Specify _____) |
| L – Landscaper/Lawn care | GF – Golf Course | |
| F – Farmer’s Market/Produce/CEA | C – Contractor/Restoration | |

Please Return To: Carlin Horticultural Supplies

**8170 N Granville Woods Road, Milwaukee, WI 53223 • Phone: 414-355-2300 • Fax: 414-355-3107 • Email: ar@carlinsales.com
www.carlinsales.com**

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Sales Tax

Taxable Resale Non-Profit Industrial Government Agricultural

Please attach a copy of Sale Tax Exemption Form. We must charge sales tax unless we have a sales tax exemption form on file from your State's Dept of Revenue. A copy of your certificate is not acceptable as your tax exemption status. Your seller's permit number/resale permit number is NOT your Federal ID#. Please call with any questions.

Pesticide License Not Applicable **If Applicable, must provide a photocopy of license**

Licensed Person _____ Certificate Number _____

Categories _____ Expiration Date _____

Credit limit desired \$ _____ If over \$5,000, Financial Statements MUST be attached

Billing

Our normal practice is NOT to send monthly statements. Do you require a monthly statement? Yes No

Would you like to receive your invoices via e-mail? Yes No E-mail address _____

Would you like to receive your invoices via fax? Yes No Fax number _____ attn: _____

Bank Reference

Bank Name _____ Contact _____

Phone Number _____ Fax Number _____

Checking Account Number _____ Savings Account Number _____

Type of Loans Commercial _____ Installment _____ Mortgage _____

HORTICULTURAL (preferred) Trade References

(1) Name: _____ **Contact:** _____ **Acct#:** _____

Address: _____

Email _____

Phone # _____ Fax #: _____

(2) Name: _____ **Contact:** _____ **Acct#:** _____

Address: _____

Email _____

Phone # _____ Fax #: _____

(3) Name: _____ **Contact:** _____ **Acct#:** _____

Address: _____

Email _____

Phone # _____ Fax #: _____

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TERMS AND CONDITIONS- I acknowledge that I have read and understand the terms and conditions as delineated on the Carlin web site with a copy provided to me as an attachment to this application.

Please sign as an owner and/ or officer of the firm _____

Personal Guaranty

In consideration of credit being extended by Carlin Sales Corp. ProGreen Plus to _____, for merchandise to be purchased on a con-tinuous basis whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each herby contract and personally guarantee to Carlin Sales the faithful payment, when due, of all accounts of said applicant(s). The under-signed guarantor or guarantors each expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand of payment on applicant, protest to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Carlin Sales, extension of time of payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might other-wise be entitled and demand for payment under this guarantee. Any revision of this guarantee shall be in writing, delivered to, and signed by an officer of Carlin Sales.

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Agreement

I agree to comply with the credit terms of Carlin Sales Corp./ ProGreen Plus and the conditions of sale and will pay any and all penalty and interest service charges on past due accounts. In the event that attorney fees or other collection expenses are incurred in the collection of my account, I agree to pay all said fees and expenses. The terms and conditions of sale are subject to and will be construed in accordance with the laws of the State of Wisconsin.

I hereby grant permission to those listed as banking and trade references above to release information to Carlin Sales Corp. / ProGreen Plus as required to establish and continue our offering of commercial credit.

I hereby certify that the information provided on this Credit Application is true and correct and is being used to support the Carlin/ ProGreen Plus credit decision. Faxed copies will be accepted as signed originals. No oral agreements or modifications will supersede this written agreement.

Signature _____ Title _____ Date _____

Print name _____

CREDIT CARD AUTHORIZATION

I authorize Carlin Sales Corp/ProGreen Plus the continuing right to charge any amounts under \$2,000 and 45 days past due to my credit card.

Type of Card Visa _____ Master Card _____

Credit Card Number _____ - _____ - _____ - _____ Expiration date Month _____ / year _____

CSV Number (three digits on back of card) _____

Name on Card

Signature of Cardholder

Receive the latest updates on specials, new products and upcoming events:

Yes

No

Internal Use Only

Date Received _____

Inside Rep _____

Entered By _____

Outside Rep _____

Date Completed _____

Branch/Whse _____