



KLYN NURSERIES INC, PO BOX 343 PERRY OH 44081  
800-860-8104 FAX 440-259-3338 E-MAIL klyn@klynnurseries.com

**CREDIT APPLICATION**

TO BE COMPETED AND SIGNED BY APPLICANT:

CUSTOMERS COMPANY NAME \_\_\_\_\_  
BILLING ADDRESS \_\_\_\_\_  
SHIPPING ADDRESS \_\_\_\_\_  
PHONE NO \_\_\_\_\_ FAX NO \_\_\_\_\_ E MAIL \_\_\_\_\_  
BUSINESS TYPE: PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_  
YEARS IN BUSINESS \_\_\_\_\_ CONTACT \_\_\_\_\_  
CREDIT LINE REQUESTED\$ \_\_\_\_\_ PURCHASE ORDER REQUIRED? \_\_\_\_\_  
PRINCIPALS IN BUSINESS:  
NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ TITLE \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_  
NAME \_\_\_\_\_ SSN: \_\_\_\_\_ TITLE \_\_\_\_\_ % OF OWNERSHIP \_\_\_\_\_

RENT OR OWN \_\_\_\_\_ IF RENT, FROM WHOM \_\_\_\_\_  
SUPPLIERS REFERENCES: (NURSERY SUPPLIERS PREFERRED)  
COMPANY \_\_\_\_\_ COMPANY \_\_\_\_\_  
STREET \_\_\_\_\_ STREET \_\_\_\_\_  
CITY \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
SALES TAX (STATE) EXEMPTION NUMBER \_\_\_\_\_ FEDERAL ID NO \_\_\_\_\_

BANK REFERENCES:  
COMPANY \_\_\_\_\_ COMPANY \_\_\_\_\_  
STREET \_\_\_\_\_ STREET \_\_\_\_\_  
CITY \_\_\_\_\_ CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

Company Signature: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE: \_\_\_\_\_

*Credit issued to corporations, limited liability companies, and/or limited partnerships requires a personal guarantee of the firm's debt by the appropriate officer(s), member(s), or partner(s), and the undersigned representative(s) hereby acknowledge(s) such guarantee and agree(s) to assume personal liability for all charges and fees incurred on behalf of the firm. Klyn Nurseries, Inc. reserves the right to make credit decisions based upon the creditworthiness of the firm's guarantor. The undersigned hereby consents to Klyn Nurseries, Inc. inquiries regarding my credit worthiness, credit standing, and credit capacity, and further acknowledges that such inquiry does not involve a consumer transaction and any information received shall not constitute a "consumer report" as that term is defined under 15 U.S.C. Sec.1618a.*

Personal Guarantee \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security No. \_\_\_\_\_

A LATE PAYMENT CHARGE OF 1 ½% ON ANY PAST DUE BALANCE BUT NOT IN EXCESS ON ANY APPLICABLE LAWFUL MAXIMUM RATE, WILL BE CHARGED AFTER DEDUCTING CURRENT PAYMENTS AND CREDITS (OR RETURNS APPEARING ON YOUR STATEMENT). IF YOU AGREE TO PAY THESE CHARGES WHEN ASSESSED PROPERLY AND ACCORDING TO TERMS OF SALE, PLEASE SIGN BELOW.  
**NOTE: THE ABovesIGNED ALSO STATES THAT HE, COMPANY, CORPORATION, ARE SOLVENT AND CAN GIVE ASSURANCES OF PERFORMANCE WHEN REQUIRED. THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.**  
CUSTOMER ALSO AGREES THAT THE STATE COURTS LOCATED IN LAKE COUNTY, OHIO SHALL HAVE EXCLUSIVE JURISDICTION IN ANY ACTION, SUIT OR PROCEEDING AGAINST CUSTOMER BASED ON OR ARISING OUT OF THIS CREDIT APPLICATION AND GUARANTEE AND CUSTOMER SUBMITS TO THE PERSONAL JURISDICTION OF SUCH COURTS.