

APPLICATION FOR CREDIT WITH THE ROBERT BAKER COMPANIES

Date of Application: _____

The following information must be **COMPLETED IN FULL**, and will be held in strictest confidence.

PLEASE PRINT

Legal Name of Firm or Individual			Number of Years in Business
Street Address			Area Code & Phone Number
City	State	Zip Code	Fax Number
Federal I.D. Number if Corp., or Social Security #		e-mail address	

Mailing Address (if different from above)

Individual Partnership Corporation LLC Check here if incorporated within the past 12 months

OFFICERS / OWNERS NAME	TITLE	ADDRESS

MUST CHECK ONE (OR MORE)

<input type="checkbox"/> The Robert Baker Co., Inc.—W. Suffield, CT	Credit Limit Requested \$ _____	APPROVAL _____	(Initial) _____
<input type="checkbox"/> Medford Nursery, Inc.—Medford, NJ	Credit Limit Requested \$ _____	_____	_____

* Please indicate the dollar amount for each company that a credit limit is required. _____
Sales Representative

BANKING REFERENCES - - Please Include All Zip Codes and Area Codes

Bank Name	Contact	Area Code & Phone
Bank Address - - City, State & Zip Code		BANK FAX NUMBER (REQUIRED)

PLEASE PROVIDE A MINIMUM OF THREE SUPPLIER REFERENCES (Credit suppliers, i.e., Nursery Stock, Seed, Fertilizer, etc)

Credit Supplier	Address (City, State & Zip Code)	<u>MUST HAVE FAX NUMBERS</u>
		Phone: Fax:
		Phone: Fax:
		Phone: Fax:
		Phone: Fax:

SIGNATURE REQUIRED ON REVERSE SIDE

CREDIT TERMS:

- *Net invoice is due and payable in full 30 days from date of invoice.
- *A service charge of 2% per month (24% annual interest), or maximum allowable by state law, will be added to all monthly statements which include any remaining balances of invoices over 30 days old.
- *Any accounts overdue, including payment of service charges incurred, are subject to forfeiture of credit privileges.
- *All collections costs, court costs, and attorney's fees will be paid by the purchaser in the event an account is referred to an agent or attorney for collection.

APPLICANT'S SIGNATURE:

I have read, understand, and accept the above terms, should my application for credit be accepted by The Robert Baker Companies.

NOTE: If applicant is a corporation, signature of an officer is required.

X SIGNED: _____ TITLE: _____

FIRM NAME: _____ DATE: _____

IN THE CONSIDERATION OF THE EXTENSION OF CREDIT TO THE ABOVE APPLICANT,
I HEREBY AGREE TO BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF ALL
INVOICES CHARGED TO THE ABOVE APPLICANT:

X SIGNED: _____

DATE: _____ SOCIAL SECURITY # _____

This form must be completed and submitted with Application for Credit.

AUTHORIZATION FOR RELEASE OF INFORMATION FORM:

(Bank Name & Branch)

I, _____ of _____
(Authorized Person) (Company Name)

give my permission to release any or all information requested by The Robert Baker Companies for a credit reference check.

OUR ACCOUNT NUMBER IS: _____.

SIGNED: _____ DATE: _____

TITLE: _____

- The Robert Baker Companies, Inc. • 1700 Mountain Road, P.O. Box 434, West Suffield, CT 06093 • (860) 668-7371 • Fax (860) 668-5802
- Medford Nursery, Inc. • 560A Eayrestown Red Lion Road, Medford, NJ 08055 • (609) 267-8100 • Fax (609) 267-0799