



WINDMILL NURSERY OF LOUISIANA LLC

12398 HWY 25; FRANKLINTON LA 70438  
P.O. BOX 400: FOLSOM, LA 70437  
FAX: 800-370-3854 PHONE: 985-796-9655

CREDIT APPLICATION

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Type of Ownership: Sole proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Type of Business: Landscaper: \_\_\_\_\_ Garden Center: \_\_\_\_\_ Re-Wholesaler: \_\_\_\_\_ Contractor: \_\_\_\_\_

Principals:	Name	Position	Address
A)	_____	_____	_____

B)	_____	_____	_____
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Have you ever filed Bankruptcy? \_\_\_\_\_ if yes, when \_\_\_\_\_ Explain: \_\_\_\_\_

Resale Tax ID No: \_\_\_\_\_ (copy of resale certificate must be attached or tax will applied)

Number of Years at Present Location: \_\_\_\_\_ Years in Business \_\_\_\_\_

Requested Line of Credit from Windmill Nursery Co.: \$ \_\_\_\_\_

Does your company require Purchase Order Numbers: \_\_\_\_\_

Principal Bank: \_\_\_\_\_

Address & Phone No. \_\_\_\_\_

Account No: \_\_\_\_\_

Credit References:

(1) Name \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

(2) Name: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

(3) Name \_\_\_\_\_

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

Telephone number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

With Credit Approval:

OUR TERMS ARE: 2% 10 days/ Net 30. A LATE CHARGE OF 1-1/2%, after 45 days, per month will be added on past dues balances. FREIGHT CHARGES will be invoiced separately and are due net 10. The law requires that freight invoices are to be paid in 10 days. If the account is referred for collection, customer agrees to pay all costs, including reasonable attorney fees. Customer acknowledges the above and further agrees that with regard to such late charges, applicant and the Windmill Nursery of Louisiana, are parties to a written contract.

Customer Signature: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

The undersigned (whether one or more, the "GUARANTOR") individually, jointly, and unconditionally guarantees the prompt payment when due of all amounts owed by the applicant named above to Windmill Nursery of Louisiana LLC.

Signature \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security \_\_\_\_\_

Social Security \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_