Wilson Nurseries & Landscape Supply

CUSTOMER PURCHASE AGREEMENT
(Confidential Credit Information)

Business Name:_____   **Type of Business**: _____

Address:_____   **Phone**:_____

City/State/Zip:_____   **Cell**: _____

Email address: _____   **Fax**:_____

Year company was established:_____

Would you like to receive invoices and statements via email? Yes_____ No_____
Email address for invoices & statements:_____

Type of account requested: ☐COD_____   ☐Charge (limit requested)_____
      (A signed Bank Authorization is required to write company checks or obtain a charge account.)

OWNER(S): List name / address / phone number of each owner **(please attach copy of Drivers License for each):**

_____

_____

AUTHORIZED PURCHASERS: List names of individuals authorized to purchase (other than owners):

_____   _____   _____

TRADE REFERENCES: (Nursery references preferable - Please furnish complete information.)

Name/Address	Phone/Fax
_____	_____/_____
_____	_____/_____
_____	_____/_____

Wilson Nurseries is required by law to charge sales tax on all accounts until a Certificate of Resale is completed and returned to our office. Does your company have a **Resale Number**? ☐**YES** ☐**NO** If **YES**, please complete the **REVERSE** side of this form.

TERMS: COD Cash/Credit Card until credit or check acceptance is approved. Account terms are 2%-10: Net 30 for plant purchases and Net 30 for hardgood purchases. Past due accounts are subject to a service charge of 1.5% per month (18% per year). A delinquent account may affect your ordering status. Accounts are subject to review at any time. An additional fee of $30.00 will be charged on all NSF checks.

WILSON NURSERIES is hereby authorized to contact the above named references and any additional as is necessary for credit inquiry.

Our COMPANY hereby agrees to adhere to the Terms & Conditions of Sale and the Ordering Information guidelines as stated in the current WILSON NURSERIES catalog. We also agree that the above named buyers obligate our company for purchases made on our behalf.

Authorized Signature (title):_____Date:_____

*Code:*_____   *CSR initials:*_____