

# DE VROOMEN

## GARDEN PRODUCTS

DeVROOMEN BULB CO. INC., 3850 Clearview Court Gurnee, IL 60031,  
PHONE: 847 395 9911, FAX 800 395 9920

### CONFIDENTIAL APPLICATION FOR CREDIT

(Please type or print)

BUSINESS TRADE NAME OR D/B/A: \_\_\_\_\_

LEGAL NAME OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

SALES TAX (EXEMPT): YES OR NO EXEMPTION #: \_\_\_\_\_

TAX ID #: \_\_\_\_\_

\*EXEMPTION CERTIFICATE OR RESALE CERTIFICATE MUST BE INCLUDED OR YOU WILL BE CHARGED NON REFUNDABLE SALE TAX!!

TYPE OF BUSINESS: \_\_\_ GROWER(21) \_\_\_ GARDEN CENTER(10) \_\_\_ LANDSCAPER(08)

\_\_\_ CORPORATION - LIST OFFICERS: \_\_\_\_\_

\_\_\_ PARTNERSHIP - LIST PARTNERS: \_\_\_\_\_

\_\_\_ PROPRIETORSHIP-LIST OWNERS: \_\_\_\_\_

YEARS IN BUSINESS \_\_\_ AT THIS LOCATION \_\_\_ OWNED \_\_\_ LEASED \_\_\_

PERSON RESPONSIBLE FOR PAYMENT OF INVOICES: \_\_\_\_\_

BANK NAME \_\_\_\_\_ ACCT. # \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

OFFICER WHO HANDLES YOUR ACCT \_\_\_\_\_

BUSINESS ACCOUNT \_\_\_ PERSONAL ACCOUNT \_\_\_ SAVINGS \_\_\_ CHECKING \_\_\_

BANK PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

TRADE REFERENCES (MAJOR SUPPLIERS):

FIRM NAME: \_\_\_\_\_ PHONE #/ FAX #: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FIRM NAME: \_\_\_\_\_ PHONE #/ FAX #: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FIRM NAME: \_\_\_\_\_ PHONE #/ FAX #: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ALL STATEMENTS MADE HERIN ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. WE AUTHORIZE YOU TO MAKE ANY AND ALL INQUIRIES NECESSARY TO COMPLETE ACTION OF THIS APPLICATION INCLUDING BANKING INFORMATION. WE HERBY INDEMNIFY THE ABOVE COMPANY AND ITS AGENTS FROM LIABILITY RESULTING FROM THEIR CREDIT SURVEY.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ CORPORATION

OFFICERS, PARTNERS OR PROPRIETERS HEREWITH ACKNOWLEDGE AND ASSUME PERSONAL RESPONSIBILITY FOR DEBTS INCURED IN

THE NAME OF THE FIRM. A finance charge of 1.5% (18% annum) will be added to past due

accounts.