GARDENWORLD
9725 Hemingway Ave. S.
Cottage Grove, MN 55016
Phone: 651-646-0881 / Fax: 651-646-9569
Toll Free: 800-839-2851

Please send the completed form to:
Fax: 651-646-9569
Email: info@gardenworldinc.com

CONFIDENTIAL CREDIT APPLICATION

HOW TO APPLY

1. If applying for:

□ Credit Card, ACH, or Prepayment: Complete and sign Section I only.

□ Net 30 Terms: Complete and sign Sections I, II, and III. Net 30 terms require payment within 30 days of the invoice date.

2. Gather the Required Information

Before completing the application, please have the following information available:

- Business legal name, physical and mailing addresses, and Federal Tax ID Number (EIN) or Social Security Number (SSN).
- Names, titles, phone numbers, and email addresses of business owners and officers.
- Contact information for your purchasing and accounts payable representatives, including names, phone numbers, and email addresses.
- Names, phone numbers, and email addresses of anyone else who needs a login to place orders on our website, if applicable.
- Sales tax exemption certificate, if applicable.

Additional Requirements for Net 30 Applicants:

- Bank name, address, phone number, and account number.
- At least three trade references (suppliers with whom your business has established credit terms).
- Name of the individual who will personally guarantee the account.

3. Complete the Application

You may complete the application electronically by typing directly into the designated fields or print the form and complete it by hand. Please ensure all information is accurate and legible.

Fields marked with a red asterisk (*) are required for each applicable section.

4. Sign the Application

All applicants must sign at the end of Section I.

Applicants requesting Net 30 terms must also complete and sign the Authorization of Release of Credit Information in Section II and the Personal Guaranty in Section III.

If providing an electronic signature by typing your name, please check the electronic signature box in Section I and, if applicable, Section III.

5. Submit the Completed Application

Once completed and signed, please submit your application using one of the following methods:

- Email: info@gardenworldinc.com
- Fax: 651-646-9569

Please include a copy of your sales tax exemption certificate, if applicable.

Questions? Please contact us at info@gardenworldinc.com.

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SECTION I

*How did you hear about us? _____
(Email, Growing Colors™ Website, Instagram, Facebook, Trade Show, Sales Rep, MNGC, Word of Mouth)

*Legal Business Name: _____

DBA/Trade Name (if applicable): _____

*Federal Tax ID (EIN) or SSN: _____ *Year Established: _____
Use the owner's SSN only if the business has no EIN.

*Business Entity Type: □ Sole Proprietor □ Partnership □ Limited Liability Company (LLC) □ Corporation □ Other: _____

*Type of Business: _____ *Website: _____
(Garden Center, Greenhouse/Nursery, Grower, Landscape, Wholesale, etc.)

*Billing Address: _____ *City: _____ *State: ____ *Zip: _____

*Shipping Address: _____ *City: _____ *State: ____ *Zip: _____

*Business Phone: _____ *Fax: _____ *Email: _____

COMPANY OWNER(S)/OFFICER(S)

*Name:	*Title:	*Phone:	*Email:

*Annual Gross Sales: $_____ *Net Income: $_____ *Net Worth: $_____
Estimates are fine for these figures.

BUSINESS CONTACTS

***Accounts Payable**

*Name: _____ *Phone: _____ *Email: _____

Purchase Order Required on Invoices: □ Yes □ No *Invoice/Statement Delivery Method: □ Mail □ Email

***Purchasing**

*Name: _____ *Phone: _____ *Email: _____

Order Confirmation/Acknowledgement Delivery Method: □ Mail □ Email □ Fax

SECTION I (continued)

SALES TAX EXEMPTION

***Will the items you purchase from us be exempt from sales tax?** □ **Yes** □ **No**

If you answered "Yes," please submit a valid sales tax exemption certificate along with your completed credit application.

Please note that applicable sales tax will continue to be charged to your account until the certificate has been received and processed.

Online Ordering Access

List anyone besides the owner and purchasing contact who needs a login to place orders on our website for your business.

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

TERMS: Past due accounts will be assessed a service charge of 1½% per month (18% annually). Gardenworld, Inc. reserves the right to limit or cancel credit at any time. Applicant also agrees to pay all collection fees, court fees, and legal fees incurred to collect delinquent accounts.
CLAIMS: All claims must be reported by written memorandum within 10 days of receipt of goods, lest all consideration be waived. Credit requests for non-viable product must be reported to our office with photos within 90 days to be considered.
CHOICE OF LAW: This contract is hereby deemed by the parties to have been accepted and made in the State of Minnesota, and the law of the State of Minnesota in force as of the date of this Agreement shall govern the construction and validity of this contract.
FORUM SELECTION: The undersigned hereby consents, on behalf of applicant, to jurisdiction in the State of Minnesota, and further agrees that any dispute or legal action concerning this Agreement, including any arbitration or litigation proceeding, shall be conducted in the state or federal courts in Washington County, Minnesota.
PLEASE NOTE: An email will be sent requesting credit card information that will be securely stored in our system for ACH/Credit Card/Prepayment terms customers. Credit Card Payments for all customers will have a 3.1% fee assessed on each purchase.

I, the undersigned Authorized Representative, verify that the above information is true and accurate.

*Legal Business Name: _____

*Authorized Representative Name: _____

*Title: _____

*Signature: _____

*Date: _____

Signer fully agrees with all terms and conditions of this application, as well as gives authorization for the release of pertinent information from the above cited references for the determination of credit with Gardenworld, Inc.

□ I agree that typed or electronic signatures on this application are as binding as handwritten signatures.

SECTION II

Bank Reference

*Bank Name: _____ *Account # _____

*Bank Address: _____ *City: _____ *State: ____ *Zip: _____

*Contact Person: _____ *Phone: _____ *Fax: _____

Email: _____

Trade References (Provide at least three references. Include open accounts only, no recurring balances)

Trade references are suppliers that let you buy now and pay by invoice later.

*Business Name: _____

*Address: _____ *City: _____ *State: _____ *Zip: _____

Contact Person: _____ *Phone: _____ Fax: _____

*Email address: _____

*Business Name: _____

*Address: _____ *City: _____ *State: _____ *Zip: _____

Contact Person: _____ *Phone: _____ Fax: _____

*Email address: _____

*Business Name: _____

*Address: _____ *City: _____ *State: _____ *Zip: _____

Contact Person: _____ *Phone: _____ Fax: _____

*Email address: _____

Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Email address: _____

Terms: Applicant is hereby advised, and if granted, accepts terms at Net 30 days.

Authorization of Release of Credit Information

To Whom It May Concern:

I hereby authorize the release of credit information necessary to obtain an open account with Gardenworld, Inc. A copy of this authorization is as valid as the original.

*Name on the Account: _____

*Street: _____

*City: _____ *State: _____ *Zip: _____

*Name of Authorized Person (Print): _____

*Signature: _____ *Date: _____

SECTION III

GARDENWORLD, INC. GUARANTY AGREEMENT

Gardenworld, Inc.
9725 Hemingway Ave. S.
Cottage Grove, MN 55016

*Date: _____

*Business Name: _____

*Business Address: _____

_____

_____

What this means: *by signing this guaranty, you personally agree to pay Gardenworld, Inc. what the business owes if the business does not pay.*

Dear Sir or Madam:

In consideration of your extending credit to or continuing the credit of the above Customer, each of the undersigned, jointly and severally, hereby guarantees and becomes surety for payment of all sums of money owing to you by the Customer from time to time.

This Agreement shall continue in effect until you receive written notice that it is terminated and until all sums of money then owing are paid.

This Agreement shall be and remain in every particular available to your successors and assigns. The liability of each of the undersigned hereunder is absolute, continuing, unconditional and unlimited and you shall not be required to proceed against the Buyer or any collateral securing any obligation or against any other guarantor, before proceeding against the undersigned or any of them.

Notice of the acceptance of this Agreement, notice of sums owing by the Buyer from time to time, and notice of any default are waived. Renewals and extensions without notice to the undersigned are agreed to.

*Owner Signature: _____

*Printed Name: _____

□ I agree that my typed or electronic signature on this guaranty is as binding as my handwritten signature.