



CREDIT APPLICATION & AGREEMENT

12265 Chillicothe Road
Chesterland, Ohio 44026
(440) 729-7438
www.bremec.com

CUSTOMER _____

Address _____

City _____ ST _____ Zip _____

Mailing address (if different) _____

Telephone _____ Fax _____ Cell _____

Type of Business _____ Date Business Started _____

Federal ID # or Social Security # _____

Tax Exempt # _____ If tax exempt, attach a current tax exempt form

Ownership (check one) [] Proprietorship [] Partnership [] Corporations [] Government

Name of Principal Owner: _____ Home Phone _____

Home Address _____ City _____ St _____ Zip _____

TERMS

- 1. Upon approval of this Credit Application, Bremec Enterprises, Inc. DBA Bremec Greenhouses & Nursery, hereinafter referred to as "Bremec", agrees to extend to Customer, (30) days net of invoice date.
2. If any charge or payment is not paid within (30) days net of invoice date, Customer agrees to pay a service charge on the amount owing, equal to two percent (2%) per month (24% annual). All payments received by Bremec will apply first to service charges, then to purchases.
3. Customer agrees to pay all costs associated with collection of this account.
4. Bremec is authorized to contact any references or banks listed on back. It is understood that any information contained will be used solely for the basis of granting credit.
5. It is agreed that my / our account may become C.O.D. (without being notified) if not paid within the stated terms.

GUARANTY

As an inducement and in consideration for the extension of credit under this application from Bremec to Applicant, the undersigned (hereinafter referred to as "Guarantors") hereby guarantee to Bremec for its benefits and that of its successors and assigns, the full and prompt payment of all amounts due from the extension of credit to the Applicant.

IN WITNESS WHEREOF, THIS Guaranty has been executed and delivered by the undersigned as of the _____ day _____, 20_____.

Signed by _____ Date _____

Print Name _____

Please complete the following information in full. Be sure to include complete mailing addresses & zip codes for the businesses & bank references you list. This application cannot be processed if information is omitted.

BUSINESS REFERENCES (please print or type)

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

BANK REFERENCES (please print or type)

BANK NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

AUTHIRZATION TO RELESASE INFORMATION

I hereby authorize the above businesses & bank references to release any information necessary to assist in establishing a line of credit.

Authorized by _____ Date _____

COMPANY NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

INFORMATION CAN BE FAXED TO (440) 729-7240 OR MAILED TO:



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