

**THE TANKARD NURSERIES**  
**CREDIT APPLICATION**  
**P.O. BOX 649**  
**EXMORE, VA 23350**  
**PHONE: 757-442-6112**  
**FAX: 757-442-5372**



***PLEASE TYPE OR PRINT CLEARLY***

COMPANY NAME: \_\_\_\_\_

BILLING ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

EMPLOYER ID# \_\_\_\_\_ STATE TAX# \_\_\_\_\_ TAX EXEMPT \_\_\_\_\_

WILL YOU USE A PURCHASE ORDER SYSTEM? \_\_\_\_\_

AUTHORIZED EMPLOYEES TO PURCHASE OR SIGN FOR MERCHANDISE: \_\_\_\_\_

IS YOUR BUSINESS A: Corporation \_\_\_\_\_ Sole Prop. \_\_\_\_\_ Partnership \_\_\_\_\_

IF A CORPORATION: President \_\_\_\_\_ V. President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

PERSONAL GUARANTEE / OFFICER SIGNATURE \_\_\_\_\_

IF A SOLE PROP.: Owner \_\_\_\_\_

IF A PARTNERSHIP: Partners \_\_\_\_\_

Limited \_\_\_\_\_ General \_\_\_\_\_

BANK AFFILIATION \_\_\_\_\_ Contact \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Account Number(s) \_\_\_\_\_ Fax Number \_\_\_\_\_

BUSINESS REFERENCES:

1. Company Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Terms are 30 days from date of invoice. Outstanding balances are subject to 18% annual interest (1.5% monthly). The undersigned authorizes and releases all banks, persons, and companies listed on this application to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, related court costs and legal fees if accounts are delinquent.

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

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

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**Terms and Conditions of Sale**

***Terms:***

Tankard Nurseries currently accepts two forms of payment which are COD or Net 30. COD is credit card only. We accept Visa, MasterCard and American Express. Credit terms may be established by submitting a signed credit application (attached) with bank and trade references. Customers with an established good payment history will be extended terms of Net 30 days from date of invoice. Finance charges of 1.5% per month (18% per year) will be applied to and collected on all accounts over 30 days.

***Conditions:***

All plants are guaranteed to be true to name and reasonably free of all injurious pests and diseases. Because of environmental and planting conditions beyond our control, we can give no warranty to the continued life of any plant.

***Claims:***

All claims, including short counts are to be marked on the bill of lading, verified, and signed for by the truck driver at time of delivery. Damage claims must be phoned in at the time of delivery or sent in writing within 10 days in order to be considered. All disputes shall be settled under VA State law and venue of dispute shall be Eastville, VA.

I HAVE READ AND AGREE TO THE ABOVE:

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

Signature: \_\_\_\_\_  
(Same name as on credit application)