

Four Star Greenhouse

1015 Indian Trail Road, Carleton, MI 48117 | 734.654.6420 | Fax: 734.654.2795 | mail@PWfourstar.com | www.PWfourstar.com

Confidential Credit Application

| Company Name: | | | |
|---|------------------------------------|-----------------------------------|--|
| Billing Address: | City: | State:Zip: | |
| Physical Address: | City: | State:Zip: | |
| Telephone: Fax: | Email: | | |
| Contact Name: | | | |
| | | | |
| Credit Limit Requested: | | NERS/OFFICERS | |
| Type of Business: | | | |
| Number of years: Ownership (check one | | | |
| Corporation Partnership Sole Proprietor | | Address: | |
| Federal Tax Identification No.: | Phone: | | |
| Dun&Bradstreet No.: | _ | | |
| Number of Employees: | Name: | | |
| Estimated Annual Sales: | | | |
| Has the firm or any of its principals ever filed for | Address: | Address: | |
| bankruptcy? | Phone: | | |
| If yes, please explain: | | | |
| , | | BANK REFERENCE: | |
| | Bank Name: | | |
| TRADE REFERENCES: (Name of suppliers of maj | or Account Number: | | |
| products and services) | Account Type: | | |
| Name: | Address: | Address: | |
| Address: | Phone & Fax: | Phone & Fax: | |
| Phone & Fax | _ Contact: | | |
| Contact: | | 00 DEDE | |
| N | | OTHER BUSINESS DEBTS: | |
| Name: | Name: | Name: | |
| Address: | Balance Due: | | |
| Phone & Fax: | Address: | Address: | |
| Contact: | Phone & Fax: | | |
| Namo | Mantagas Halden/L | andland. | |
| Name: | | Mortgage Holder/Landlord:Address: | |
| Address: | Address: | Phone & Fax: | |
| Phone & Fax: | Frione & Pax | | |
| Contact: | | | |
| | | | |
| Declaration and Guaranty: (must be signed to proce | ess application) | | |
| By signing below, the Guarantors authorize Four Star Sa | = = : | semed necessary to determine the | |
| credit worthiness of the Guarantors. The Guarantors at | | | |
| behalf of their company. In consideration of credit being | | | |
| the undersigned guarantor hereby unconditionally guara | | | |
| obligations of the Applicant to Four Star Sales, LLC. | ince I out star sales, LLC the fai | tunui payment, when due, or an | |
| obligations of the Applicant to Four Star Sales, LLC. | | | |
| If an individual: X: | | | |
| Signature Printed | Title | Date | |
| | | | |
| If not an individual X: | | | |
| Signature Printed | Title | Date | |