

**APPLICATION FOR CREDIT  
AND  
PERSONAL GUARANTEE**

DATE: \_\_\_\_\_

**GROVE NURSERY CENTER, INC.**  
9650 TRAIL HAVEN ROAD  
CORCORAN, MN 55340  
(763) 420-4202  
FAX: (763) 420-5056

APPLICANT NAME: \_\_\_\_\_

TRADE NAME (IF DIFFERENT): \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ TITLE \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

SHIP TO ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_ SS# \_\_\_\_\_ DRIVER'S LIC. # \_\_\_\_\_

TYPE OF BUSINESS: SOLE PROPRIETORSHIP  CORPORATION  PARTNERSHIP   
LIMITED LIABILITY COMPANY  OTHER  SPECIFY \_\_\_\_\_

FEDERAL ID NO. \_\_\_\_\_

NURSERY LICENSE NUMBER: \_\_\_\_\_

AMOUNT OF CREDIT REQUESTED: \_\_\_\_\_

**PERSONAL INFORMATION ON OWNERS, PARTNERS AND OFFICERS**

NAME/ADDRESS	TITLE	TELEPHONE

**BANK REFERENCES**

BANK NAME & ADDRESS	ACCOUNT NUMBER(S)	CONTACT NAME & PHONE

TRADE REFERENCES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HAS THE APPLICANT OR ANY OWNER, PARTNER OR OFFICER, EVER DECLARED BANKRUPTCY?

YES  NO

NAMES OF PERSONS AUTHORIZED TO PLACE ORDERS ON THIS ACCOUNT:

NAME	TITLE	TELEPHONE

(NOTE: CHARGES WILL BE ACCEPTED ONLY FROM THE ABOVE LISTED PERSONS; ANY CHANGE IN AUTHORIZED AGENTS MUST BE SUBMITTED IN WRITING.)

ARE ANY OWNERS, PARTNERS, AND/OR OFFICERS OF THE APPLICANT AFFILIATED WITH ANY OTHER PAST OR PRESENT COMPANY/CORPORATIONS THAT HAVE DONE BUSINESS WITH GROVE NURSERY CENTER, INC.? IF SO, PLEASE STATE WHO, WHAT COMPANY/CORPORATION AND WHEN.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT AGREES TO PAY GROVE NURSERY CENTER, INC., FOR ALL CHARGES INCURRED BY THOSE AUTHORIZED TO PLACE ORDERS ON THIS ACCOUNT. APPLICANT AGREES TO PAY ALL INVOICES NET 30 DAYS. **FINANCE CHARGES** WILL BE ASSESSED ON DELINQUENT ACCOUNTS OVER THIRTY (30) DAYS PAST DUE AT THE GREATER OF A **PERIODIC RATE** OF ONE POINT FIVE (1.5%) PERCENT (OR A MINIMUM CHARGE OF \$.50) WHICH IS AN **ANNUAL PERCENTAGE RATE** OF EIGHTEEN (18%) PERCENT, OR THE MAXIMUM RATE OF INTEREST ALLOWED BY THE LAWS OF THE STATE OF MINNESOTA. APPLICANT AGREES TO PAY ALL COSTS OF COLLECTION AND REASONABLE ATTORNEYS' FEES INCURRED BY GROVE NURSERY CENTER, INC., IN COLLECTING ANY AMOUNTS DUE FROM APPLICANT REGARDLESS OF WHETHER LEGAL ACTION IS COMMENCED TO COLLECT ON THE ACCOUNT.

APPLICANT AND EACH PERSON SIGNING BELOW CERTIFY THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT, AND AUTHORIZE THE RELEASE OF SUCH INFORMATION TO GROVE NURSERY CENTER, INC. AND TO OBTAIN FROM BANKS, CREDIT BUREAUS, AND OTHER CREDITORS, ALL OF WHICH ARE HEREBY AUTHORIZED TO RELEASE, ANY CREDIT/FINANCIAL INFORMATION CONCERNING APPLICANT OR SUCH OTHER PERSON (INCLUDING PERSONAL CREDIT BUREAUS) TO GROVE NURSERY CENTER, INC. SPECIFICALLY, APPLICANT AUTHORIZES THE ABOVE BANK TO RELEASE INFORMATION REGARDING ACCOUNT BALANCES AND/OR LOAN RELATIONSHIP-BALANCES. A COPY OF THIS AUTHORIZATION WILL BE ADEQUATE TO OBTAIN CREDIT INFORMATION.

SIGNED: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: ALL OWNERS, PARTNERS AND OFFICERS OF THE APPLICANT MUST SIGN THE PERSONAL GUARANTEE BEFORE CREDIT WILL BE EXTENDED TO APPLICANT.

### PERSONAL GUARANTEE

IN CONSIDERATION FOR THE CREDIT EXTENDED TO THE ABOVE-LISTED APPLICANT, THE UNDERSIGNED HEREBY IRREVOCABLY AND UNCONDITIONALLY (AND IF MORE THAN ONE, JOINTLY AND SEVERALLY) GUARANTEES TO GROVE NURSERY CENTER, INC., ITS SUCCESSORS AND ASSIGNS, THE PROMPT PAYMENT, PERFORMANCE, AND SATISFACTION OF ANY AND ALL OF APPLICANT'S PRESENT AND FUTURE INDEBTEDNESS, INCLUDING INTEREST, ATTORNEYS' FEES, AND COSTS OF WHATEVER KIND AND NATURE, DUE GROVE NURSERY CENTER, INC. BY APPLICANT. THIS GUARANTEE IS A PRESENT, ABSOLUTE, AND CONTINUING GUARANTEE. THE UNDERSIGNED HEREBY WAIVES (1) NOTICE OF ACCEPTANCE OF THIS GUARANTEE AND OF THE CREATION AND EXISTENCE OF ANY INDEBTEDNESS; (2) PRESENTMENT, NOTICE OF DEMAND FOR PAYMENT, NOTICE OF DISHONOR; AND (3) ALL OTHER DEMANDS AND NOTICES. THIS GUARANTY IS A PRIMARY OBLIGATION OF THE UNDERSIGNED, AND GROVE NURSERY CENTER, INC., IS NOT REQUIRED TO FIRST RESORT FOR PAYMENT FROM THE APPLICANT. THE UNDERSIGNED EXPRESSLY UNDERSTANDS AND AGREES THAT THIS GUARANTEE WILL REMAIN IN EFFECT UNTIL WRITTEN NOTICE REVOKING IT IS DELIVERED TO GROVE NURSERY CENTER, INC., AND THAT REVOCATION WILL ONLY BE EFFECTIVE AS TO CHARGES INCURRED AFTER RECEIPT BY GROVE NURSERY CENTER, INC., OF SUCH REVOCATION.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_