



Sun Gro Horticulture Distribution, Inc.
770 Silver St
Agawam, MA 01001

SunGro Sales: _____
Date: _____
Credit Limit Requested: \$ _____

Business Name: _____

Billing Address: _____

City _____ State _____ Zip _____ Telephone _____ Fax# _____

Shipping Address: _____

City _____ State _____ Zip _____ Telephone _____ Fax# _____

Accounts Payable Contact Name _____ Email _____

CORPORATION () PARTNERSHIP () SOLE PROPRIETORSHIP () LLC () LLP () Years in Business _____

Tax Sales Tax Exempt YES () NO () Tax Exempt# _____ (copy of certificate required)

(Signature) _____ (Print Name) _____

Principals Name _____ Title _____

Residence Address _____ Telephone# _____

Bank Name _____ Bank Address _____

City _____ State _____ Telephone _____ Fax# _____

TRADE REFERENCES:

1. _____ Tel# _____ Fax# _____ Email _____
Address _____ City _____ State _____ Zip Code _____

2. _____ Tel# _____ Fax# _____ Email _____
Address _____ City _____ State _____ Zip Code _____

3. _____ Tel# _____ Fax# _____ Email _____
Address _____ City _____ State _____ Zip Code _____

4. _____ Tel# _____ Fax# _____ Email _____
Address _____ City _____ State _____ Zip Code _____

5. _____ Tel# _____ Fax# _____ Email _____
Address _____ City _____ State _____ Zip Code _____

A service charge of 1.5% per month will be charged on any past due balance. We agree and understand that in the event our account becomes past due, Sun Gro Horticulture Distribution, Inc. may assign my account for collection. We agree to pay all collection costs up to 25% of any past due balance, attorney fees, court costs and expenses necessary to collect same. To induce you to sell merchandise and extend credit on open account for the applicant named, I hereby personally and unconditionally guarantee the payment of any indebtedness which may from this date forward or at any time from time to time hereafter be owed you by said applicant. We acknowledge and agree that any transactions between us will be governed by the laws of the state of Delaware. Sun Gro Horticulture Distribution, Inc. may declare the entire balance due and payable at its sole discretion, without notice or demand and the entire amount will be immediately due and payable.

Date: _____ Printed Name: _____ Signature _____



Credit Information Release

To Whom It May Concern:

I hereby authorize the release of Credit Information necessary to obtain an open account with Sun Gro Horticulture Distribution, Inc.

A facsimile is acceptable for this request.

Business _____
Street _____
City _____
Name of Authorized Person _____
Signature _____ Date _____

Thank you

Completed Application, Tax Certificate (if applicable) and Credit Information Release can be sent to:

Email: Credit.Department@sungro.com

Fax: (413) 523-0711 or (413) 789-3425

Mail: 770 Silver Street, Agawam, MA 01001 Attn: Credit Department

Questions? Contact Michelle Doiron, Sr Manager, AR & Credit Department (413) 523-0700 or michelle.doiron@sungro.com