

501 Bridge St East
Kitchener, Ontario
N2K 3C5
Phone (519) 744-8471
Fax (519) 744-4977

Wholesale Account Application

Our contractors and loyal customers are important to us, so it is our highest priority to protect anyone who has a wholesale account with us. Therefore, we ask that you read the following instructions carefully so your account can be reviewed in a timely matter.

Adams Landscape Supply offers two wholesale account options. Option one is a credit card on file account, this means your credit card will be run at point of purchase and it is up to the credit card holder to maintain their receipts. We do not keep your receipts on file and do not retain copies for returns or missing receipts at year end. Option two is an account set up for net / 30 days billing. Our credit department will arrange which ever account they deem acceptable for both parties.

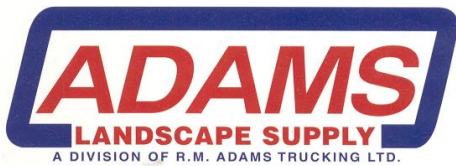
Please note that if the application is not filled out in full, your application will not be approved.

1. To qualify for a wholesale account you must be a company in the landscape or construction industry for more than one year.
2. Trade references **must** be listed and will be required to answer any questions our credit department asks that pertain to an account being set up with us and or credit limits.
3. The entire credit application must be filled out before Adams Landscape Supply will start to review the information that you have provided to us.

If you have any questions regarding these policies or in regards to your account, please contact our accounts payable department at (519) 744-8471.

I _____(full name) of _____(company) have read and agree to the terms outlined above.

Authorized Signature: _____ **Date:** _____



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CREDIT APPLICATION

Name of Company: _____

Address: _____

Telephone: _____ Fax: _____

Date Business Started: _____ Type of Business: _____

Incorporation: ____ (Date: _____) Proprietorship: ____ Partnership: ____

Principal:

Name: _____ Title: _____

Address: _____

Phone: _____ Cell: _____ Drivers License: _____

Accounts Payable Contact: _____ Telephone: _____

Fax: _____ Email: _____ @ _____

Bank: _____ Branch: _____ Account #: _____

Contact Name: _____ Phone: _____ Fax: _____

Trade References:

1) Company: _____ Phone: _____

Address: _____ Fax: _____

Email: _____

2) Company: _____ Phone: _____

Address: _____ Fax: _____

Email: _____

3) Company: _____ Phone: _____

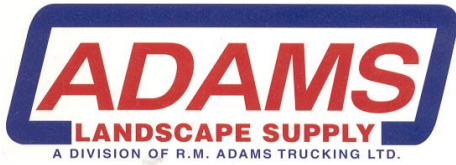
Address: _____ Fax: _____

Email: _____

** fax numbers are required

Terms: This applicant agrees to payment terms as outlined on page 1 of the application. A service charge of 2% per month and 24% per annum on overdue accounts. The applicant authorizes R.M. Adams Trucking Ltd. to conduct periodic credit investigations at any time.

Authorized Signature: _____ **Date:** _____



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CREDIT CARD RELEASE FORM

Full Company Name: _____

Mailing Address

Street: _____

City: _____ Province: ON

Postal Code: _____

Contact Information

Office: _____ Fax: _____

Cell: _____ Email: _____

VISA/MASTERCARD# _____ **Expiry date:** _____

Name on Card: _____

Billing Address of Card: _____

Card Holders Signature: _____

I/We authorize R.M. Adams Trucking Ltd to use the above credit card for all purchases made by the company listed above. This agreement is in effect until the expiry date on the credit card shown above.

Authorized signature

Print Name

Please obtain your receipts upon purchase. R.M. Adams does not keep your invoices on file and does not mail invoices at the end of the month. You will need to produce your invoice to return any product or to get credit for any returned skids.