

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.

- 1. To qualify for a wholesale account you must be a company in the landscape or construction industry for more than one year.
- 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:



CREDIT APPLICATION

Name of Company:					
Address:					
Telephone:		Fax:			
Date Business Started: (Date	te:) Pro	Type of Business:) Proprietorship: Partnership:			
Principal:					
Name:	Title:				
Address:					
		Drivers License:			
Accounts Payable Cor	ntact:	Telephone:			
		@			
Bank:	Branch: _	Account #:			
Contact Name:	Phone:	Fax:			
Trade References:					
1) Name:	Phone:				
Address:	Fax:				
2) Name:	Phone:				
Address:	Fax:				
3) Name:	Phone:				
Address:		Fax:			
service charge of 2% pe	r month and 24% per a	s as outlined on page 1 of the application. In a num on overdue accounts. The applicant to periodic credit investigations at any time			
Authorized Signature:		Date:			



Security Agreement and Guarantee

For value received, and in consideration for financial accommodations made by R.M. Adams Trucking Ltd. to Buyer, Buyer herby pledges, assigns and grants to R.M. Adams Trucking Ltd. a first priority security interest in all Buyers right, title and interest to all inventory purchased by Buyer with proceeds or financing provided by R.M. Adams Trucking Ltd. whether now or hereafter acquired by buyer (the inventory). Together with all the additions to, substitutions for, returned or repossessed items and all cash and accruing to any of the foregoing property and which Buyer is or may hereafter of the inventory (including, without limitations, proceeds received on account of the sale or other disposition of the inventory) and all proceeds, monies, income products and benefits attributable or accruing to any of the foregoing property and which the Buyer is or may hereafter become entitled to receive on account of said property. Any past due invoices will be subject to a minimum 2% service charge per every 30 days and invoice remains past due. All collection fees will be billed to Buyers accounts. Buyer hereby also approves the release and use of all information relevant for your dealings with R.M. Adams Trucking Ltd. and in compliance with regulations set forth in the Personal Information Protection and Electronic Documents Act.

1.			
Print full name and title			
Of			(the Buyer)
Print Company's full legal nam	е		
Dated at	this	day of	_
Customers full name	Aut	thorized Signature	
Guarantee			
I	, the unders	signed hereby personal	ly and unconditionally guarantee to the
pay to R.M. Adams Trucking L	td, any and al om enforcing	l amounts owed by Buy the collections of the m	ver, including interest, attorneys fee nonies owed. The account may be
Dated at	this	day of	_
Signature of Guarantor	Ful	I Name	



CREDIT CARD RELEASE FORM

Full Company Name:		
Mailing Address		
Street:		
City:	_ Province: <u>ON</u>	
Postal Code:	-	
Contact Information		
Office:	Fax:	
Cell:	Email:	
VISA/MATERCARD#	Expiry date:	
Name on Card:		
Billing Address of Card:		
Card Holders Signature:		
•	o use the above credit card for all purchases reffect until the expiry date on the credit card	•
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.