

RIVER VALLEY HORTICULTURAL PRODUCTS, INC.
21701 LAWSON ROAD
LITTLE ROCK, AR 72210-4824
PH: 501-821-4770; FAX: 501-821-5965

WHOLESALE APPLICATION

DATE _____

NAME OF BUSINESS _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

OWNER'S NAME _____

OFFICE PHONE NO.(_____) _____ FAX NO.(_____) _____

MOBILE NO.(_____) _____ TYPE OF BUSINESS _____

YRS IN BUS. _____ ARE YOU A CORP _____ PARTNERSHIP _____ INDIVIDUAL _____

PRIMARY E-MAIL _____

SECONDARY E-MAIL _____

HAVE YOU BEEN BANKRUPT IN THE LAST 7 YRS? _____ DATE _____

SALES TAX EXEMPTION

I HEREBY CERTIFY THAT I HOLD THE SALES/USE TAX PERMIT SHOWN & THAT I AM IN THE BUSINESS OF RESELLING THE TANGIBLE PERSONAL PROPERTY THAT I PURCHASE FROM RIVER VALLEY, INC. AND I WILL NOT PURCHASE FOR MY PERSONAL SELF WITHOUT REPORTING THE APPLICABLE TAX AS PROVIDED UNDER THE SALES/USE TAX LAW AND REGULATION.

(WE MUST HAVE A PHOTO COPY OF YOUR SALES TAX PERMIT AND ARKANSAS EXEMPTION CERTIFICATE FILLED OUT)

SIGNATURE _____ **DATE** _____

SALES TAX PERMIT # _____ **STATE** _____

PERSONAL GUARANTEE

IN CONSIDERATION OF WHOLESALE ACCT OR CREDIT BEING EXTENDED BY **RIVER VALLEY HORTICULTURAL PRODUCTS, INC.** TO THE ABOVE NAMED APPLICANT FOR MERCHANDISE OR SERVICES TO BE PURCHASED WHETHER APPLICANT BE AN INDIVIDUAL OR A PROPRIETORSHIP, A PARTNERSHIP, A CORPORATION OR OTHER ENTITY, THE UNDERSIGNED GUARANTOR(S) EACH HEREBY CONTRACT AND GUARANTEE TO **RIVER VALLEY HORTICULTURAL PRODUCTS, INC.** THE FAITHFUL PAYMENT, WHEN DUE, OF ALL ACCOUNTS OF SAID APPLICANT FOR THE PURCHASES MADE AFTER THE DATE OF THIS APPLICATION. THE UNDERSIGNED GUARANTOR(S) EACH HEREBY EXPRESSLY WAIVE ALL SURETYSHIP DEFENSES INCLUDING BUT NOT LIMITED TO NOTICE OF ACCEPTANCE OF THIS GUARANTEE, NOTICE OF EXTENSION OF CREDIT TO APPLICANT, PRESENTMENT, AND DEMAND FOR PAYMENT ON APPLICANT, PROTEST AND NOTICE TO UNDERSIGNED GUARANTOR(S) OF DISHONOR OR DEFAULT BY APPLICANT OR WITH RESPECT TO ANY SECURITY HELD BY **RIVER VALLEY HORTICULTURAL PRODUCTS, INC.** , EXTENSION OF TIME OF PAYMENT TO APPLICANT, ACCEPTANCE OF PARTIAL PAYMENT OR PARTIAL COMPROMISE, ALL OTHER NOTICES TO WHICH THE UNDERSIGNED GUARANTOR(S) MIGHT OTHERWISE BE ENTITLED AND DEMAND FOR PAYMENT UNDER THIS GUARANTEE. ABSENT WRITTEN PERMISSION BY CREDITOR, THIS PERSONAL GUARANTEE MAY NOT BE REVOKED.

Authorized Users: _____

SIGNATURE _____ **DATE** _____

If you have any questions please call Debbie @ 501-821-4770 and return this form to her at: dpennington@rivervalleyhp.com

THANK YOU FOR YOUR BUSINESS!

Scott H. Smith/President