

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

CREDIT 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 BUSINESS ____ ARE YOU A COPR ____ PARTNERSHIP ____ INDIVIDUAL ____

PRIMARY E-MAIL _____

SECONDARY E-MAIL _____

LIST FULL NAME; SS# AND DL# OF PRINCIPLES:

NAME _____ SS# _____ DL# _____

ADDRESS _____ SIGNATURE _____

NAME _____ SS# _____ DL# _____

ADDRESS _____ SIGNATURE _____

BANK NAME _____ CONTACT _____

PHONE NO. _____ CHECKING ACCT # _____

I HEREBY AUTHORIZE AGENCY TO RELEASE MY CREDIT REPORT, FOR CREDIT CHECK, AND THE LENDING AGENCY TO SUPPLY RELEVANT FINANCIAL INFORMATION CONCERNING MY ACCOUNT TO RIVER VALLEY HORTICULTURAL PRODUCTS, INC.

SIGNATURE _____ **DATE** _____

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

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 AND USE TAX LAW AND REGULATION.

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

SIGNATURE _____ **DATE** _____

SALES TAX PERMIT # _____ **STATE** _____

****PLEASE LIST BELOW FOUR BUSINESS CREDIT REFERENCES (THAT YOU HAVE CHARGE ACCOUNTS) WITH COMPLETE NAME, ADDRESS, PHONE#, EMAIL OR FAX. MUST HAVE ALL INFORMATION FILLED IN FOR APPLICATION TO BE REVIEWED:**

NAME _____ PHONE# _____

ADDRESS _____ EMAIL/FAX# _____

NAME _____ PHONE# _____

ADDRESS _____ EMAIL/FAX# _____

NAME _____ PHONE# _____

ADDRESS _____ EMAIL;FAX# _____

NAME _____ PHONE# _____

ADDRESS _____ EMAIL/FAX# _____

Accounts Payable Contact:

Name: _____ Phone#: _____

Is PO# Required ____ Yes ____ No

TYPE OF CREDIT AGREEMENT: **NET 30 – BAL. DUE WITHIN 30 DAYS OF INVOICE PURCHASE DATE.**

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: _____

OWNER/COMPANY OFFICER _____

Print Name/Title _____

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