

QUALITY TREES AND SHRUBS  
38115 YALE CIRCLE  
LEESBURG, FL 34788  
(352) 483-2299 (OFFICE)

# Customer Check List

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## Required Information for Credit Approval

The enclosed Application for Credit must be completed in its entirety. Please provide all requested Documents as these documents are required to authorize any Credit Terms with Quality Trees and Shrubs. If you should have any questions regarding the information requested you can contact Cindy at (352) 483-2299 ext. 314 or you may contact your Sales Representative.

Quality Trees and Shrubs will process all completed applications and notify you as soon as a determination has been made, this process will require all documentation and copies before any Application is approved. Without the required copies your application will be delayed in the approval process.

1. Completed Application – signed & dated where indicated
2. Copy of Sales Tax Certificate (for those customers Tax Exempt)
3. Copy of Florida Department of Agriculture License
4. Copy of Florida Department of Agriculture Bond
5. Completed Credit Card Authorization Form (if Credit Card is to be used)

**CREDIT APPLICATION**

**QUALITY TREES AND SHRUBS**  
**38115 YALE CIRCLE**  
**LEESBURG FL 34788**  
**PH: (352) 483-2299 (Office) FAX: (352) 483-2984**  
**Cell: (352) 391-0565**

**COMPANY INFORMATION**

<b>COMPANY NAME:</b>	<b>ID#</b>
<b>ADDRESS:</b>	
<b>CITY/ST/ZIP:</b>	
<b>PHONE ( )</b>	<b>FAX ( )</b>
<b>ACCOUNTING CONTACT:</b>	<b>PHONE: ( )</b>
<b>EMAIL ADDRESS:</b>	
<b>BUSINESS TYPE:</b>	<b>YEARS IN BUSINESS:</b>
<b>TERMS REQUESTED:</b>	<b>TERMS APPROVED:</b>
<b>BOND AMOUNT:</b>	<b>CREDIT LIMIT APPROVED:</b>
<b>SALES TAX CERTIFICATION NUMBER:</b>	

**PARTNER AND CORPORATE OFFICERS**

<b>NAME</b>	<b>TITLE</b>	<b>TELEPHONE</b>

**BANK REFERENCES**

<b>BANK NAME:</b>	<b>ACCOUNT #:</b>
<b>ADDRESS:</b>	
<b>PHONE: ( )</b>	<b>FAX: ( )</b>

**TRADE REFERENCES**

<b>COMPANY NAME:</b>		<b>CONTACT PERSON:</b>
<b>ADDRESS:</b>		
<b>PHONE: ( )</b>		<b>FAX: ( )</b>
<b>CREDIT LINE:</b>	<b>CURRENT TERMS:</b>	<b>ACCOUNT BALANCE:</b>
<b>COMPANY NAME:</b>		<b>CONTACT PERSON:</b>
<b>ADDRESS:</b>		
<b>PHONE: ( )</b>		<b>FAX: ( )</b>
<b>CREDIT LINE:</b>	<b>CURRENT TERMS:</b>	<b>ACCOUNT BALANCE:</b>
<b>COMPANY NAME:</b>		<b>CONTACT PERSON:</b>
<b>ADDRESS:</b>		
<b>PHONE: ( )</b>		<b>FAX: ( )</b>
<b>CREDIT LINE:</b>	<b>CURRENT TERMS:</b>	<b>ACCOUNT BALANCE:</b>

**TERMS**

Each invoice is due according to the Terms of payment stated thereon. If not paid in full by the due date, Purchaser expressly agrees to pay a Finance Charge, committed on the unpaid delinquent balance until the account is paid in full. In consideration of any credit that may be extended pursuant to the terms hereof, purchaser agrees to pay reasonable attorney fees, and any other costs incurred for collection, to include any collection agency charges or percentages of unpaid balance. Also, I Personally Guarantee the payment of all charges incurred by the above applicant.

**DATE:** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Printed Name** \_\_\_\_\_ **SSN** \_\_\_\_\_

**PLEASE SEE ADDITIONAL CREDIT AGREEMENT TERMS, POLICIES AND PROCEDURTES ON THE NEXT PAGE AND PROVIDE ALL INFORMATION REQUESTED, SIGN AS REQUIRE. IF TAX EXEMPT, PLEASE ATTACH RESALE CERTIFICATE FOR SALES TAX AS WELL AS A COPY OF YOUR DEPARTMENT OF AG LICENSE AND BOND.**

**Personal Guarantee:**

The undersigned do jointly, severally and unconditionally guarantee all acts, performance and obligations of CUSTOMERS under the above Credit Application and Agreement, by and between CUSTOMER and SELLER as well as waive notice of any supplement, amendment or extension thereof or addendum thereto as may be agreed upon from time to time between SELLER and CUSTOMER without affecting the undersigned's liability thereunder, and further agree that this Agreement is personally binding upon them. The obligation of the undersigned shall be independent of the obligation of the CUSTOMER, and separate action or actions may be brought and maintained against the undersigned, or any of them, whether or not action is brought against CUSTOMER. The undersigned further agrees to pay all costs of collections or enforcement hereof, including attorneys fees of not less than 25% of the debt owed, if placed with counsel for collection after default. This Guaranty is not subject to oral modification or cancellation. The undersigned hereby adopt and agree to the provisions of the aforesaid Credit Application and Agreement, including the provision pertaining to jurisdiction, venue and notice.

Dated \_\_\_\_\_  
(Signature of Individual) (Print Name)

Dated \_\_\_\_\_  
(Signature of Individual) (Print Name)

**CREDIT AGREEMENT, POLICIES AND PROCEDURES**

All account balances are due according to the Terms Agreed Upon thereafter, the account shall be delinquent and subject to a finance charge of 1.5% per month (18% Annual). *QUALITY TREES AND SHRUBS will provide a monthly statement of your account, and reserves the right to Cancel the Credit Term Agreement at any time. Having terms with QUALITY TREES AND SHRUBS does not negate the need for a copy of your Department of Agriculture License, Agriculture Bond or Notice to Owner Information.*

Items returned for reasons other than flaws are subject to a 10% Return Fee. All returns for Credit must be made within 10 days from the date of invoice. The CUSTOMER, on all orders requiring shipping, may be required to pay Freight charges directly to the Trucking Company. All returns, and any freight charges for such, are the responsibility of the CUSTOMER, and are not the responsibility of *QUALITY TREES AND SHRUBS*.

Account Balances, which become 60 days delinquent shall cause the account to be placed on COD until the account balance is paid in full, and may jeopardize the Credit Term Agreement. An Account that becomes 90 days delinquent will be turned over for Collections either by Attaching the Agriculture Bond through the Florida Department of Agriculture or by an Outside Collection Agency. Repeated or Prolonged delinquencies shall be cause for closing the account against future purchases..

Checks returned for insufficient funds will be charged a \$35.00 return check fee, and any subsequent bank charges that may be assessed for other checks being charged a delinquent fee due to the NSF check, which will be payable upon receipt. A certified check, cashier's check or wire transfer for the complete balance may be requested.

**BEFORE CREDIT CAN BE GRANTED, THIS AGREEMENT MUST BE SIGNED AND DATED BY AN OFFICER OF YOUR COMPANY AND ALL REQUESTED DOCUMENTS PROVIDED TO QUALITY TREES AND SHRUBS.**

I/WE HEREBY AGREE TO THE CREDIT TERMS AND POLICIES AS STATED ABOVE.

\_\_\_\_\_  
Signature of Corporate Officer Title

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature of Authorized Check Signer Print Name

\_\_\_\_\_  
Driver License # of Check Signer Date of Birth (Check Signer) SSN/FEIN

**New Customer Setup Request Form**

Customer Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(First & Last Name)

Email address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Is Customer Taxable: Yes No

Tax Certificate on file: Yes No Tax Id #: \_\_\_\_\_

County of Delivery: \_\_\_\_\_ County Tax Rate: \_\_\_\_\_

Credit Application on File: Yes No N/A Copy of Ag License: Yes No N/A

Pre-Approval of Credit Application by: \_\_\_\_\_  
(Sales Rep requesting Terms for this customer, all documentation has been reviewed and Verified by Sales Rep)

Credit Application Approved by: \_\_\_\_\_  
(Cindy or James)

Amount of Bond: \_\_\_\_\_ Copy of Bond: Yes No N/A

Claims on Bond: # Yes No N/A Approved Credit Limit: \_\_\_\_\_

Approved Credit Terms: \_\_\_\_\_ QBD Salesperson: \_\_\_\_\_

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Internal use only: **All tabs within Quickbooks MUST be Completed according to the Information provided above.**

Input to Quickbooks by: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Type: \_\_\_\_\_ (O/S Sales, Media)

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## Credit Card Payment Authorization

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Card Type \_\_\_\_\_

Card Number \_\_\_\_\_

3 digit VCode (on back on card) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Authorized  
Signature \_\_\_\_\_



38115 Yale Circle Leesburg, FL 34788  
352-391-0565 or 352-483-2299 (Controller)  
352-483-2984 (Fax)

**Bank Reference Form**

Date: \_\_\_\_\_  
To: \_\_\_\_\_  
Attn: \_\_\_\_\_

I/We authorize Quality Trees and Shrubs/Quality by Design to obtain the below mentioned information regarding our account(s) with your financial institution. We would greatly appreciate it if you could supply the following information. (This information is for the sole purpose for use by Quality Trees and Shrubs in determining credit for the following company).

Thank you for your cooperation.

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Authorized signature \_\_\_\_\_ Printed Name/Title \_\_\_\_\_

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Authorized signature \_\_\_\_\_ Printed Name/Title \_\_\_\_\_

Name and address of customer/company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Years of experience: \_\_\_\_\_

High Balance: \_\_\_\_\_

Low Balance: \_\_\_\_\_

NSF checks: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



38115 Yale Circle Leesburg, FL 34788  
352-391-0565 or 352-483-2299 (Controller)  
352-483-2984 (Fax)

**Trade References Form**

Date: \_\_\_\_\_  
To: \_\_\_\_\_  
Attn: \_\_\_\_\_

I/We authorize Quality Trees and Shrubs/Quality by Design to obtain the below mentioned information regarding our account(s) with your company. We would greatly appreciate it if you could supply the following information. (This information is for the sole purpose for use by Quality Trees and Shrubs in determining credit for the following company).

Thank you for your cooperation.

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Authorized signature \_\_\_\_\_ Printed Name/Title \_\_\_\_\_

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Authorized signature \_\_\_\_\_ Printed Name/Title \_\_\_\_\_

Name and address of your customer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Years of experience: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Terms: \_\_\_\_\_ Average Days to Pay: \_\_\_\_\_

Outstanding Balance: \_\_\_\_\_ Days Past Due: \_\_\_\_\_

NSF checks: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_