

AREA

LANDSCAPE SUPPLY, INC.

18851 S. Wolf Road Mokena, IL 60448 Ph. 708-479-8400 Fax: 708-479-8499

CUSTOMER CHECK WRITING APPLICATION

Customer application must be completed entirely. This application cannot be properly processed if all information requested has not been furnished by applicant(s), on this application. Applicant will be informed, by mail, in 10-15 business days on their request for a check writing account with Area Landscape Supply, Inc. Area Landscape Supply, Inc. requires all "original" documents to be on file.

The following application is submitted to obtain check writing privileges and I (we) certify that all information herein is true and complete. I (we) authorize AREA LANDSCAPE SUPPLY, INC. to obtain further information concerning my (our) credit history.

Date _____

Business Name _____

Address/City/State/Zip _____

Phone _____ Fax _____ Email _____

Description of Business _____ Annual Sales _____

Description Type: Sole Owner Partnership Corporation LLC

Date Established _____ Federal Tax ID # _____

Name of Principal(s)	Social Security Number(s)	Drivers License Number(s) (Attach copy of license)
_____	_____	_____
_____	_____	_____

Home Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Pager _____ Mobile _____

Credit References

Bank Name	Address / City / State / Zip Code	Phone	Account # (s)
_____	_____	_____	_____

Trade References (Name of Major Suppliers)

Name	Address / City / State / Zip Code	Phone	Fax #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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CUSTOMER ACCOUNT AGREEMENT

In consideration of the extension of check writing privileges by Area Landscape Supply, Inc., to the undersigned, the undersigned agrees to the following:

1. **PAYMENT** – The undersigned promises to pay invoices in full within 14 days of the date the invoice is issued.
2. **FINANCE CHARGES** – The undersigned further agrees that should default in the payment of it's account within 30 days, it will pay to Area Landscape Supply, Inc., on demand a finance charge computed at the rate of 1.5% per month (18.0% per annum) from the date of the invoice(s) on the unpaid balance(s).
3. **REPRESENTATION AND WARRANTIES** – The undersigned represents and warrants that all information set forth in it's CHECK WRITING APPLICATION is true and complete and that the individual signing this Agreement has the authority to enter this Agreement on behalf of the applicant(s).
4. **GOVERNING LAW** – This agreement and all questions relating to the undersigned's account shall be governed by the laws of the State of Illinois. Should any dispute arise between the undersigned and Area Landscape Supply, Inc., the undersigned hereby irrevocably consents to the jurisdiction over its person by any court of Will County, Illinois. The undersigned further agrees, to pay reasonable attorney fees and expenses incurred in addition to all other amounts owed.
5. **TERMINATION** – The undersigned acknowledges the right of Area Landscape Supply, Inc. to suspend or refuse to extend check writing privileges to the undersigned, at any time in the future without prior notice.
6. The undersigned agrees that in the event of any unpaid balance due 30 days after the date of invoice, Area Landscape Supply, Inc. may, at it's option, proceed with any collection action against the undersigned for any deficiency on the account.

Date: _____ **Company Name:** _____

Signature: _____ **Title:** _____

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PERSONAL GUARANTEE

As an added inducement to the granting of check writing privileges by **Area Landscape Supply, Inc.**, the undersigned do agree, as guarantors, that they shall be jointly and severally liable for the payment of any and all debts, including late charges, cost and reasonable attorney fees incurred in the collection of payment owed by applicant(s).

NAME: _____ **SIGNATURE:** _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____

PHONE: _____

NAME: _____ **SIGNATURE:** _____

ADDRESS: _____ **CITY/STATE/ZIP:** _____

PHONE: _____

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BLANKET CERTIFICATE OF EXEMPTION
If your company is tax exempt, you must complete this form or sales tax will be charged.

The undersigned hereby claims exemption to purchases of tangible personal property from:

Area Landscape Supply, Inc.

After (date) _____ and certifies that this claim is based upon the purchaser's proposed use of the items purchased, the activity of the purchaser, or both, as shown hereon:

(Purchaser must state statutory reason for claiming exemption)

This certificate shall continue in force until revoked and shall be considered a part of each order given to Area Landscape Supply, Inc., unless the order specifies otherwise.

Purchaser's Name: _____

Purchaser's Activity: _____

Purchaser's Address: _____

Signature: _____ Title: _____

Date: _____ Vendor's License Number: _____

THIS CERTIFICATE "MUST" BE RENEWED ON JANUARY 1ST OF EACH YEAR.
PLEASE ATTACH A COPY OF YOUR CURRENT RESALE CERTIFICATE.