



**HICKMAN OFFICE**

19701 Lake Road • Hickman, California 95323  
(209) 874-1821 • FAX (209) 874-1920

**REEDLEY OFFICE**

21200 East Dinuba Avenue • Reedley, California 93654  
(559) 638-6675 • FAX (559) 638-1185

**ACCOUNT AGREEMENT**

**Section I**

Name and Address to appear on invoice:

Principal Owner's Name & Physical Address:

*P.O. Boxes are not permitted*

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

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

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

Individual     Partnership     Corporation

Mobile #: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

*(if applicable)*

Social Security or Tax ID#: \_\_\_\_\_

Will nursery stock be resold?     Yes     No

*It is agreed that that the prevailing party in any collection effort arising out of a transaction with Dave Wilson Nursery, Inc. shall be entitled to receive from the non-prevailing party all reasonable attorneys fees and costs. It is agreed that this agreement shall be deemed to have been made in Hickman, California. Payment shall be made to Dave Wilson Nursery in Hickman, California. Performance of any contract with Dave Wilson Nursery shall be deemed to occur in Hickman, California. It is further agreed that venue for any suit arising out of any dispute herein shall be Stanislaus County, California. The undersigned guarantees the full and faithful performance of applicant herein. I have read and understand the above and agree to comply fully with the stated terms.*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Section II (optional)**

**APPLICATION FOR CREDIT**

*Please provide your bank reference and three trade references. NO BANK CARDS, CREDIT UNIONS, DEPT. STORE CARDS or UTILITY COMPANIES. No personal references or related parties. Please include complete address and phone number. All items must be completed for credit application to be considered.*

★ Bank Name and Address

① Trade Reference Name and Address

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

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

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

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

Account #: \_\_\_\_\_

Fax#: \_\_\_\_\_

Contact Name: \_\_\_\_\_

② Trade Reference Name and Address

③ Trade Reference Name and Address

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

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

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

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

Fax#: \_\_\_\_\_

Fax#: \_\_\_\_\_

*By signing this credit application agreement, I hereby authorize Dave Wilson Nursery, Inc. to verify the above account references and obtain a credit report from a reporting service. If approved, this account will be opened with the understanding it will be paid within terms on the invoice given following purchase. If not paid within terms, a 1.5% late charge will be added and an additional 1.5% will be added each month thereafter (equivalent to 18% per annum). It is also understood that legal fees and court costs will be added if needed in the collection of this account. I have read and understand the above and agree to comply fully with the stated terms.*

Signature / Title \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

Account approved by \_\_\_\_\_ Date: \_\_\_\_\_

Salesperson \_\_\_\_\_ Customer ID \_\_\_\_\_ Terms \_\_\_\_\_ CL \_\_\_\_\_