



a California Corporation

HICKMAN OFFICE:
P.O. Box 429 • Hickman, California 95323
Phone (209) 874-1821 • FAX (209) 874-1920

REEDLEY OFFICE:
New Mailing Address

P.O. Box 429, Hickman, Ca 95323
Phone (559) 638-6675

ACCOUNT AGREEMENT

Section I

Name and Address to appear on invoice:

Phone #: _____

Mobile #: _____

Social Security or Tax ID#: _____

Email: _____

Principal Owner's Name & Physical Address:

P.O. Boxes are not permitted

Individual Partnership Corporation

State of Incorporation: _____
(if applicable)

Will nursery stock be resold? Yes No

It is agreed 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 the 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

Phone #: _____

Account #: _____

Contact Name: _____

Trade Reference Name and Address

Phone #: _____

Fax#: _____

Trade Reference Name and Address

Phone #: _____

Fax#: _____

Trade Reference Name and Address

Phone #: _____

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 _____