



Galema's Greenhouse Customer Application

Please Print & Complete Form. Return form by fax to 765.463.6536
or email to office@galemas.com

		Date:
Company Name or DBA (and if DBA, where qualified as such):		Attention:
Mailing Address:	City, State, Zip:	Do you have more than 1 location? <input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery Address:	City, State, Zip:	Phone:
Receiving Hours:	Email:	Fax:
ORDERING INFORMATION		
Buyer Contact (Full Name):	Phone w/Ext.:	Email:
Do you have any other authorized buyers? (If yes, please list.): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Product Interests: <input type="checkbox"/> Young Plants <input type="checkbox"/> Spring Annuals <input type="checkbox"/> Mums & Fall Products <input type="checkbox"/> Prefinished <input type="checkbox"/> Hanging Baskets <input type="checkbox"/> Poinsettias <input type="checkbox"/> Other: _____		
Accounts Payable Contact (Full Name):	Phone w/Ext.:	Email:
COMPANY INFORMATION		
Type of Business: <input type="checkbox"/> Retail Shop <input type="checkbox"/> Garden Center <input type="checkbox"/> Florist <input type="checkbox"/> Farm Market <input type="checkbox"/> Fundraising Group <input type="checkbox"/> Greenhouse <input type="checkbox"/> Landscaper <input type="checkbox"/> Other: _____		
Federal Tax ID Number:	Do you pay sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is merchandise for resale? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Composition: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sub-Chapter S Corp	Corporation State of:	At present location since (date):
Principal / Owner: Ownership %:	Title: Email:	Mobile #: Drivers Lic. # w/State:
Principal / Owner: Ownership %:	Title: Email:	Mobile #: Drivers Lic. # w/State:
Do you have any additional owners? (If yes, please list them in an addendum.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
BANK INFORMATION		
Bank Name / Branch: Address:	Contact Officer: Type of Account:	Phone w/Ext.: Account #:
Prior Bank Name / Branch (If Applicable): Address:	Contact Officer: Type of Account:	Phone w/Ext.: Account #:
Do you have more than one banking relationship? (If yes, please list in an addendum.) <input type="checkbox"/> Yes <input type="checkbox"/> No		



Company Name:

BUSINESS / TRADE REFERENCES

Name:	Phone:	Email:
Address:	Fax:	Length of relationship:
Name:	Phone:	Email:
Address:	Fax:	Length of relationship:
Name:	Phone:	Email:
Address:	Fax:	Length of relationship:

TERMS AND CONDITIONS

All accounts are COD until a credit application has been completed, reviewed and approved. Any credit application which is approved is subject to modification or revocation without notice and at the sole discretion of Galema's Greenhouse, Inc. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including all interest, court costs, processing fees and reasonable attorney's fees. Further, by signing below, you consent and submit to the jurisdiction of the State and Federal Courts of the State of Indiana, and waive any claims and defenses of *forum non conveniens*. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full.

ACCEPTANCE AND APPROVAL

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize Galema's Greenhouse, Inc. to make any and all inquiries necessary to process this Customer Application as well as to cooperate with Galema's Greenhouse, Inc. including, but not limited to the execution of all additional documents as may be necessary for Galema's Greenhouse, Inc. to assess your application for credit.

Name of Authorized Representative (Print):	Title:	
Agreed and Accepted: (Sign):	Phone w/Ext.:	Date:

Thank you!