

New Customer Account Set Up

INFO@SPRINGCREEKGROWERS.COM | 281-259-8114



GENERAL INFORMATION

COMPANY NAME: _____

TAX ID NUMBER: _____

TYPE OF BUSINESS: (LANDSCAPE, RETAIL, REWHOLESALE, ETC.) _____

PHYSICAL ADDRESS

STREET: _____

CITY: _____

STATE: _____

ZIP: _____

PRIMARY POINT OF CONTACT FOR ORDERING

NAME: _____

OFFICE #: _____

CELL #: _____

EMAIL ADDRESS: _____

ORDERING AND DELIVERY

OTHER AUTHORIZED PURCHASERS

NAME: _____

OFFICE #: _____

CELL #: _____

EMAIL ADDRESS: _____

NAME: _____

OFFICE #: _____

CELL #: _____

EMAIL ADDRESS: _____

SPRING CREEK GROWERS IS A DELIVERY ONLY BUSINESS.

PICK-UPS AT OUR FACILITY ARE NOT OFFERED.

DAYS OF THE WEEK ABLE TO RECEIVE DELIVERY: _____

DELIVERY RECEIVING HOURS: _____

DO YOU REQUIRE 1 TAG PER POT FOR 4" 18-COUNT FLATS? _____

ESTIMATED # OF FLATS PER YEAR: _____

BILLING

PRIMARY POINT OF CONTACT FOR BILLING

MAILING ADDRESS

STREET: _____

CITY: _____

STATE: _____

ZIP: _____

EMAIL ADDRESS: _____

NAME: _____

OFFICE #: _____

CELL #: _____

DO YOU WISH TO RECEIVE NET 30-DAY TERMS?: _____

DO YOU WISH TO BE COD? _____

AUTHORIZED REPRESENTATIVE SIGNATURE:

DATE:

Credit Application

INFO@SPRINGCREEKGROWERS.COM | 281-259-8114



BUSINESS CONTACT INFORMATION

COMPANY NAME: _____

EMAIL ADDRESS: _____

PHONE #: _____

REGISTERED COMPANY ADDRESS

STREET: _____

CITY: _____

STATE: _____

ZIP: _____

DATE BUSINESS COMMENCED: _____

TYPE OF BUSINESS: _____

SOLE PROPRIETORSHIP: PARTNERSHIP: CORPORATION: OTHER:

BUSINESS AND CREDIT INFORMATION

PRIMARY BUSINESS ADDRESS

STREET: _____

CITY: _____

STATE: _____

ZIP: _____

HOW LONG AT CURRENT ADDRESS? _____

FAX #: _____

OFFICE #: _____

CELL #: _____

EMAIL ADDRESS: _____

BANK NAME: _____

BANK ADDRESS: _____

PHONE #: _____

STREET: _____

CITY: _____

STATE: _____

ZIP: _____

TYPE OF ACCOUNT: _____

SAVINGS: _____

CHECKING: _____

OTHER: _____

BUSINESS/TRADE REFERENCES

COMPANY NAME: _____

STREET: _____

CITY: _____

STATE: _____

ZIP: _____

TYPE OF ACCOUNT: _____

EMAIL: _____

COMPANY NAME: _____

STREET: _____

CITY: _____

STATE: _____

ZIP: _____

TYPE OF ACCOUNT: _____

EMAIL: _____

COMPANY NAME: _____

STREET: _____

CITY: _____

STATE: _____

ZIP: _____

TYPE OF ACCOUNT: _____

EMAIL: _____

AGREEMENT

- ALL INVOICES ARE TO BE PAID 30 DAYS FROM THE DATE OF THE INVOICE.
- ANY CLAIMS MUST BE REPORTED BY FAX WITHIN 24 HOURS AFTER DELIVERY.
- BY SUBMITTING THIS APPLICATION, YOU AUTHORIZE SPRING CREEK GROWERS, INC. TO MAKE INQUIRIES INTO THE BANKING AND BUSINESS/TRADE REFERENCES THAT YOU HAVE SUPPLIED.

DATE: _____

TITLE: _____

NAME: _____

SIGNATURE: _____

Payment Terms & Conditions

INFO@SPRINGCREEKGROWERS.COM | 281-259-8114



PAYMENT REMITTANCE & CONTACT INFORMATION

All payments should be mailed to: **SPRING CREEK GROWERS INC.**

P.O. BOX 650998, HOU1163, DALLAS, TX 75265-0998

All payment, account balance and credit questions should be directed to the Accounting Department at 281-259-8114.

Eric Kirchner eric@springcreekgrowers.com 281-371-9154

ACCEPTABLE FORMS OF PAYMENT

Business checks are strongly preferred and encouraged. Other forms of payment accepted are Cashier's Check or all major credit cards. Credit Card payments incur a 3% convenience fee. A \$30 fee is charged for a NSF check.

If your account is COD, our drivers gladly accept Business Checks or Cashier's Checks. Our drivers do not accept credit card numbers or cash.

Accepted Credit Cards: VISA, MasterCard, Discover and American Express. All credit card information is strictly confidential.

REQUIRED DOCUMENTATION

All accounts must have a Texas Tax Identification number and/or Driver's license, Texas Nursery/Floral License, Signed Texas Sales Tax Exemption/Resale Certificate, Customer Information Forms returned to Spring Creek Growers for account establishment prior to any orders being accepted. All accounts are C.O.D. for 90 days upon establishment of account credit terms. After 90 days, credit terms may be issued and a credit limit established. If you desire credit terms, please fill out our Credit Application. If account balance exceeds set credit limit amount during the current 30-day credit period, payment will be requested prior to the due date to bring account below the established credit limit.

Account Statements will be mailed/emailed monthly. Interest will be charged on balances past 30- day payment terms.

If account is determined to be delinquent due to nonpayment of account, no new orders will be accepted or delivered and payment must be made by cashier's check in person to 31887 Berry Ln. Waller, TX 77464. Account will automatically be returned to C.O.D. terms.

PLEASE INITIAL ACKNOWLEDGING PAYMENT TERMS & CONDITIONS

