New Customer Account Set Up INFO@SPRINGCREEKGROWERS.COM | 281-259-8114



GENERAL INFORMATION

TAX ID NUMBER:			
TYPE OF BUSINESS: (LA	ANDSCAPE, RETAIL, REWHOLE	SALE, ETC.)	
PHYSICAL ADDRESS			
STREET:	CITY:	STATE: ZIP:	
PRIMARY POINT OF CO	NTACT FOR ORDERING		
NAME:	OFFICE #:	CELL #:	
EMAIL ADDRESS:			
	ORDERING AND I	DELIVERY	
OTHER AUTHORIZED P	URCHASERS		
NAME:	OFFICE #:	CELL #:	
EMAIL ADDRESS:			
NAME:	OFFICE #:	CELL #:	
EMAIL ADDRESS:			
SPRI	NG CREEK GROWERS IS A DEL	IVERY ONLY BUSINESS.	
	PICK-UPS AT OUR FACILITY A	RE NOT OFFERED.	
DAYS OF THE WEEK A	ABLE TO RECEIVE DELIVERY:		
DELIVERY RECEIVING	HOURS:		
DO YOU REQUIRE 1 TA	AG PER POT FOR 4" 18-COUNT	FLATS?	
ESTIMATED # OF FLA	TS PER YEAR:		
	BILLING		
PRIMARY POINT OF CO	NTACT FOR BILLING		
MAILING ADDRESS	2171	GT.TT	
STREET:	CITY:	STATE: ZIP: 	
EMAIL ADDRESS:			
NAME:	OFFICE #:	CELL #:	
DO YOU WISH TO RECE	IVE NET 30-DAY TERMS?:		
OO YOU WISH TO BE CO	DD?		
JTHORIZED REPRESEN	TATIVE SIGNATURE:	DATE	

Credit Application

INFO@SPRINGCREEKGROWERS.COM | 281-259-8114



BUSINESS CONTACT INFORMATION COMPANY NAME: PHONE #: **EMAIL ADDRESS: REGISTERED COMPANY ADDRESS** STREET: CITY: STATE: ZIP: DATE BUSINESS COMMENCED: __ SOLE PROPRIETORSHIP: PARTNERSHIP: CORPORATION: OTHER: TYPE OF BUSINESS: BUSINESS AND CREDIT INFORMATION PRIMARY BUSINESS ADDRESS STATE: ZIP: STREET: CITY: HOW LONG AT CURRENT ADDRESS? **FAX #:** OFFICE #: CELL #: **EMAIL ADDRESS:** BANK NAME: **BANK ADDRESS:** PHONE #: _____ STREET: CITY: STATE: ZIP: SAVINGS: CHECKING: OTHER: TYPE OF ACCOUNT: BUSINESS/TRADE REFERENCES COMPANY NAME: STATE: ZIP: STDFFT. CITY: TYPE OF ACCOUNT: _____ EMAIL: ____ COMPANY NAME: STATE: STREET: CITY: 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.



Texas Sales and Use Tax Resale Certificate

Name of purchaser, firm or agency as shown on permit	-	Phone (Area code and	number)		
Address (Street & number, P.O. Box or Route number)					
City, State, ZIP code					
Texas Sales and Use Tax Permit Number (must contain 11 digits)					
1					
Out-of-state retailer's registration number or Federal Taxpayers Registry	(RFC) number for retailers based in Mexico				
(Retailers I	based in Mexico must also provide a cop	y of their Mexico regi	stration form to the seller.)		
I, the purchaser named above, claim the right to described below or on the attached order or invo		or resale of the tax	xable items		
Seller: Spring Creek Growers, Inc.					
Street address: 23803 Decker Prairie-Rosehill	Rd.				
Chook dudinood.			· · · · · · · · · · · · · · · · · · ·		
City, State, ZIP code: Magnolia, TX 77355					
Description of items to be purchased on the attached	d order or invoice:				
Plants					
Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:					
			_		
The taxable items described above, or on the attache limits of the United States of America, its territories ar their present form or attached to other taxable items	nd possessions or within the geograp				
I understand that if I make any use of the items other th					
I must pay sales tax on the items at the time of use ba of time used.	ased upon either the purchase price	or the fair market re	ental value for the period		
I understand that it is a criminal offense to give a res	ale certificate to the seller for taxable	e items that I know.	at the time of purchase.		
are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense					
may range from a Class C misdemeanor to a felony	of the second degree.				
sign Purchaser	Title		Date		
here /					