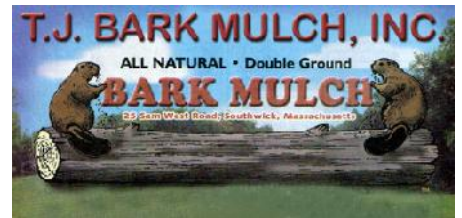


**T.J. Bark Mulch Inc. / Application For Credit**



**Business Name:**

**Date:**

**Type of Business:** Corporation ( ) Partnership ( ) Individual ( ) LLC ( ) DBA ( )

**Years in Business:**

**Mailing Address:**

**Physical Location (if different):**

**Owner/ Manager:**

**Phone #**

**Fax#**

**Accounts Payable Contact:**

**Email:**

**Trade References**

**1. Company Name:**

**Address:**

**Phone:**

**FAX:**

**Contact Person:**

**2. Company Name:**

**Address:**

**Phone:**

**FAX:**

**Contact Person:**

**3. Company Name:**

**Address:**

**Phone:**

**FAX:**

**Contact Person:**

**Continued →**

## **T.J. Bark Mulch Inc. / Application For Credit**

**Amount of Credit Needed \$:**                      **Terms:**            **Net 10 ( ) Net 30 ( )**

Have you ever applied to TJ Bark Mulch Inc. for credit under any other names within the past 24 months?    Yes ( ) No ( )

Company Tax Exempt? Yes ( ) No ( )    Please attach certificate if exempt.

### **Pending Lawsuits Against Company:**

Should it become necessary to collect this account by legal proceeding or otherwise, the undersigned, including endorser, promise to pay all costs of collection including a reasonable attorney fees.

We herein make and application to TJ Bark Mulch Inc. If credit is granted, we promise to pay all bills when rendered. Past due accounts are subject to service charges of 1.5 % per month (18 % per annum) or \$5.00 per month, whichever is greater will be charge on past due balance. In the event payment is not made and this account is referred for collections, we will pay costs of collections equal to a minimum amount of twenty five percent of the principle amount. Applicant gives their permission to TJ Bark Mulch Inc. and/or its agents to verify and or supplement the information stated herein. We have read and agree to the terms and conditions, which are part hereof, and we certify that the information supplied is true and correct to the best of our knowledge. The undersigned agrees to unconditionally guarantee payment of all sums owed pursuant to this agreement. This is intended to be and is a continuing personal guarantee and shall not be revoked except by written notice to creditor.

**Please Note: Returned check fee of \$25.00 on first return and \$50.00 on second return**

**Company Officer/ Principal Signature:**

**Date:**

**Print Name:**

**Title:**

**Owner #1:**

**Name:**

**Home Address:**

**Date of Birth:**

**Owner #2**

**Name:**

**Home Address:**

**Date of Birth:**

**Federal ID Number or Social Security Number:**

**Thank You.**

**Please print and send through US mail or drop off at our Southwick, MA location.**