

# URBAN ARBORIST Tree Care Professionals

Distributor for PLANT HEALTH CARE, INC.

## APPLICATION FOR CREDIT AND AGREEMENT TO CREDIT TERMS

(Please print in ink or type)

By: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
Name of Firm Contact Person  
Address (if P.O. Box, include street address) Telephone: \_\_\_\_\_  
City, State, Zip Code Fax: \_\_\_\_\_

**OWNERSHIP:**  Corporation  Partnership  Individual  
 Landscape Contractor  Nursery  Arborist  Other \_\_\_\_\_

**FINANCE:** \_\_\_\_\_  
Name of Bank Acct. # Officer Handling Acct.  
Address of Bank City, State, Zip Phone

**OPEN ACCOUNT SUPPLIER REFERENCES**

1.) \_\_\_\_\_  
Name Address, City State, Zip Phone  
2.) \_\_\_\_\_  
Name Address, City State, Zip Phone  
3.) \_\_\_\_\_  
Name Address, City State, Zip Phone

**BILLING INFORMATION**

Who to contact for questions on billing: \_\_\_\_\_  
Name Phone  
Will a Purchase Order be used? \_\_\_\_\_

The undersigned does hereby certify that he/she is authorized to sign this application on behalf of the applicant and further certifies the above credit information is correct and authorizes and directs the above indicated bank and business references to verify said information and give additional requested information to Urban Arborist upon request. The undersigned acknowledges that he/she has read and agrees to be bound by the terms on the reverse side of this agreement. A facsimile copy of this agreement shall be as binding as an original and shall include all the terms on the reverse side of the original form "Application for Credit and Agreement to Credit Terms" of Urban Arborist.

\_\_\_\_\_  
Date Print Name Signature Title

PERSONAL GUARANTY: THE UNDERSIGNED HEREBY PERSONALLY GUARANTEES ANY INDEBTEDNESS INCURRED ON THE AFORESAID ACCOUNT (INCLUDING INTEREST AND ATTORNEY FEES) AND WAIVES PRESENTMENT AND DEMAND FOR PAYMENT, NOTICE OF NON-PAYMENT, PROTEST AND NOTICE OF PROTEST, AND CONSENTS WITH NOTICE OF ANY EXTENSIONS OF TIME OR INCREASE IN THE AMOUNT OF CREDIT GIVEN. THIS IS INTENDED TO BE A CONTINUING GUARANTEE AND SHALL CONTINUE AS TO ALL NEW INDEBTEDNESS INCURRED UNLESS AND UNTIL A WRITTEN NOTICE IS SERVED UPON URBAN ARBORIST BY CERTIFIED MAIL-RETURN RECEIPT REQUESTED. DECLARING SAID PERSONAL GUARANTY SHALL NOT APPLY TO FUTURE PURCHASES. A FACSIMILE COPY SHALL BE AS BINDING AS AN ORIGINAL.

\_\_\_\_\_  
Print Name Signature, in ink (No Title) Address, City, State, Zip

**Return To:** Urban Arborist, 23708 West Milton Road, Wauconda, Illinois 60084 - Fax#: 847/487-9714

