



BFG SUPPLY CO., LLC - CREDIT APPLICATION

OFFICE USE ONLY

ACCT#	SALES REPRESENTATIVE	PLANT SALES REPRESENTATIVE	CREDIT LIMIT
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COMPANY INFORMATION **** ALL FIELDS ARE REQUIRED TO BE COMPLETED FOR APPROVAL ****

COMPLETE LEGAL COMPANY NAME			DBA / PARENT COMPANY (IF DIVISION OF OR OWNED BY ANOTHER COMPANY)		
BILLING ADDRESS		CITY		STATE	ZIP
SHIPPING ADDRESS		CITY		STATE	ZIP
COUNTY	BUSINESS PHONE #	BUSINESS FAX#		A/R CONTACT NAME	
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> OTHER		STATE OF INCORPORATION	FEDERAL ID#	TAX EXEMPT #	
BUSINESS ESTABLISHED DATE: _____	YEARS UNDER CURRENT OWNERSHIP _____ YEARS	EMAIL ADDRESS		DO YOU OWN THIS BUSINESS PROPERTY? IF NOT, WHO DOES?	

OFFICERS/OWNERS/PARTNER INFORMATION

NAME #1		TITLE		NAME #2		TITLE	
% OWNED	SSN			% OWNED	SSN		
HOME PHONE #		CELL PHONE #		HOME PHONE #		CELL PHONE #	
STREET				STREET			
CITY	ST	ZIP		CITY	ST	ZIP	

BUSINESS CHECKING ACCOUNT REFERENCES

BANK NAME	ACCOUNT NUMBER	CONTACT PERSON	BANK PHONE NUMBER
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BUSINESS TRADE ACCOUNT REFERENCES (INCLUDE HORTICULTURE COMPANIES)

COMPANY NAME	ACCOUNT #	TELEPHONE #	FAX #

CREDIT LINE DESIRED \$	EQUIPMENT LOCATION ADDRESS IF OTHER THAN BUSINESS ADDRESS
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NOTE: A NEW CREDIT APPLICATION MUST BE RESUBMITTED FOR APPROVAL IF AN ACCOUNT IS INACTIVE FOR 6 OR MORE CONSECUTIVE MONTHS.

WE OFFER FINANCING PROGRAMS FOR EQUIPMENT AND GREENHOUSES WITH SEASONAL PAYMENTS AND TERMS FROM 24 TO 60 MONTHS- WOULD YOU LIKE US TO APPROVE YOU FOR FUTURE EQUIPMENT AND GREENHOUSE PURCHASES THROUGH PINNACLE CAPITAL, LLC? YES NO

PLEASE COMPLETE THE FOLLOWING INFORMATIONAL SECTION

What seasons do you grow? <input type="checkbox"/> Spring <input type="checkbox"/> Mums <input type="checkbox"/> Poinsettias <input type="checkbox"/> Other _____		Sq Foot Covered? _____
Type of Business: <input type="checkbox"/> Greenhouse <input type="checkbox"/> Nursery <input type="checkbox"/> Wholesale (% of business _____) <input type="checkbox"/> Retail (% of business _____) <input type="checkbox"/> Garden Center <input type="checkbox"/> All Year		
If nursery, # of containers grown annually _____ # of flats grown annually _____ # of hanging baskets _____		
Who does your buying:		
Containers _____ E-mail _____	Growing Media _____ E-mail _____	
Chemicals _____ E-mail _____	Structures/Equipment/Coverings _____ E-mail _____	
Fertilizer _____ E-mail _____	Retail _____ E-mail _____	
Plants _____ E-mail _____	A/P Contact _____ E-mail _____	
Would you prefer your invoices: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S.Mail May we e-mail/fax promotions and/ or sales information <input type="checkbox"/> Yes <input type="checkbox"/> No		

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