

Name of Business _____ Date Business Started _____

Owner's Name _____ Phone (____) _____ Fax (____) _____

Address _____ City _____ State _____ Zip _____

President _____ Vice President _____

Treasurer _____ A/P Contact _____

Email address: _____ Website: _____

Business Entity: Sole Proprietorship _____ Partnership _____ Corporation _____ LLC _____ LLP _____

Federal I.D. No. _____ or Social Security No. _____

Type of Business: Greenhouse _____ Garden Center _____ Landscaper _____ Non-Profit _____

TRADE REFERENCE:

1. Name _____ Phone (____) _____ Fax (____) _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone (____) _____ Fax (____) _____

Address _____ City _____ State _____ Zip _____

BANK REFERENCE:

Name _____ Phone (____) _____ Fax (____) _____

Address _____ City _____ State _____ Zip _____

Business Checking Account No. _____

TERMS OF SALE

Credit Terms and Finance Charges: Payment terms are due at time of pickup or delivery.

Payment Methods: Cash, Check, or Credit Card: American Express, Mastercard or Visa are accepted. Credit card payments will be assessed a credit card processing fee as noted on the current price list. Credit cards may be charged at the end of each day to eliminate multiple credit card transactions on your card.

Each of the undersigned individually represents that each of the signatories is an owner, stockholder, partner, officer, agent, or director of the applicant purchaser. Purchaser agrees that in the event legal action is instituted to effect collection of any unpaid balance, purchaser will pay Linwyck Gardens, LLC all cost of collection, court costs, and reasonable attorney's fees, as may be awarded by the court.

Cancellations: Linwyck Gardens reserves the right to charge a 20% restocking charge for any material that is in process (primarily but not limited to rooted product) that is canceled. Linwyck Gardens reserves the right to refuse cancellation of orders for all Linwyck Gardens products within 30 (thirty) calendar days prior to product departing unless such cancellation occurs by reason of an Act of God.

Prices: Prices are subject to change without notice. Information concerning pricing may be obtained from your Linwyck Sales Representatives or by calling Linwyck Gardens Customer Service at (732)-308-0706.

I certify that the information provided above is true and correct and that I have read and accepted the Terms of Sale.

SIGNATURE (Principal Owner ONLY) _____ TITLE _____ DATE _____

PRINTED NAME _____

SIGNATURE (Officer ONLY) _____ TITLE _____ DATE _____

PRINTED NAME _____

Print E-Mail Address _____

Linwyck Gardens, LLC Representative _____

** Credit Card information shall remain confidential and will not be disclosed to any third party.

Linwyck Gardens shall not charge your credit card without the customer's acknowledgement.

Application must be accompanied by a current business card, a photocopy of a voided business check and a photocopy of your sales tax certificate.

MUST ATTACH A COPY OF SALES TAX EXEMPTION CERTIFICATE WITH APPLICATION:

_____ TAXABLE _____ EXEMPT

for office use only:

Processed by: _____ Date: _____ Business type: _____

Linwyck Gardens, LLC

53 Five Points Rd. Freehold, NJ 07728

Tel: 732-308-0706 Fax: 732-577-0862

www.LinwyckGardens.com

Email: Linwyckgardens@gmail.com

**CREDIT CARD
AUTHORIZATION FORM****Customers Information**

COMPANY NAME					
CONTACT PERSON (FIRST NAME)		CONTACT PERSON (LAST NAME)		TITLE IN COMPANY	
ADDRESS		CITY		STATE	ZIP CODE
FEDERAL TAX ID NUMBER			TELEPHONE NUMBER		
CELL NUMBER			FAX NUMBER		
EMAIL ADDRESS			WEBSITE		

PAYMENT INFORMATION

CREDIT CARD TYPE:			
CARDHOLDER'S NAME (FULL)			
BILLING ADDRESS			
BILLING CITY		BILLING STATE	BILLING ZIP CODE
CREDIT CARD NUMBER		EXPIRATION DATE	CVN

** Credit Card information shall remain confidential and will not be disclosed to any third party.

 Authorized Card Holders Signature

Credit card holder authorizes Linwyck Gardens, LLC to charge credit card for purchases made and/or pickup by them or their company employees.

for office use only:

Processed by: _____

Date: _____

Business type _____

 Business Owner or Authorized Employee Signature

 Date