

4765 Old Scugog Road, R.R # 1 Bowmanville, Ontario L1C 3K2 Tel: 905-263-8814 Fax: 905-263-4431

CREDIT APPLICATION

Registered or legal name of business in full:						
Complete mailing address	s:					
Street and No.						
Town	_	Province		Postal Code		
Telephone No. Including Area Code:	Business			Home		
Contact Persons:	Sales					
Email ad						
Type of Business:					Inc	
Age of Business			How long	at Present Address:		
Is Property Owned:				Leased:		
Owner(s) or Principal Offi	cers:					
Name			Title		Address	
Approximate monthly cred	dit required:		\$			
Are personal guarantees	iested:	Yes		No		
Credit References (Trade	Related):					
Name 1		plete Address		Phone No	Fax No	
2						
3.						
Name of your bank:				Account No:		
Complete Address:				Phone No:		
Maximum bank line of cre						
	holesale price lis	st of the above of	captioned cor	mpany. I/we hereby aut	ms and conditions of sale are horize the suppliers and bank ted.	
Signature:						

Title

Date

Authorized Official



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GUARANTEE

The undersigned hereby personally guarantee(s) the du	e payment to Kobes Nurseries Inc. of all accounts of				
(The "Customer")					
Together with service charges accruing on such accomonth, compounded monthly (equivalent annual rate : 2	ounts outstanding after 30 days at a rate of 1.5% per 20.118%)				
the monies and interest, the undersigned shall indem assigns from all loss and damage in respect thereof notwithstanding the giving of time for payment of the an	e default shall be made in payment by the customer of inify and save harmless Kobes Nurseries Inc. and its , and the liability hereunder shall continue to subsist ind/or the varying of the terms of payment thereof and/or inkruptcy instrument without exhausting its remedies at				
And where more than one party signs this guarantee, th	e liability of the guarantors shall be joint and several.				
Dated:					
SIGNED, SEALED AND DELIVERED in the presence of					
	Guarantor				
	Guarantor				