

MARTENSON

TURF PRODUCTS, INC.

250 West Adams
P.O. Box 218
Waterman, IL 60556-0218

800-833-2290
815-264-3322
Fax: 815-264-3324

APPLICATION FOR CREDIT

Business Name: _____ Telephone #: _____

Billing Address: _____ Fax #(required): _____

_____ E-mail: _____

Ship to Address: _____ *Sales Tax Exempt #: _____

_____ *Tax ID #: _____

_____ * Please include actual copy of sales tax number.
If not included, sales tax will be charged!

Length of time in business: _____ Credit requirements (circle)
1m-2.5m 2.5m-5m 5m-10m 10m+

Financial Institute: _____ Account #: _____

Address: _____ Telephone #: _____

_____ Fax #: _____

TRADE REFERENCES

Please Provide Four Professional Trade References, (i.e. Nursery, Sod, Pavers, Supply Company or other)

Business Name: _____ Telephone #: _____

Address: _____ Fax #: _____

Business Name: _____ Telephone #: _____

Address: _____ Fax #: _____

Business Name: _____ Telephone #: _____

Address: _____ Fax #: _____

Business Name: _____ Telephone #: _____

Address: _____ Fax #: _____

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PLEASE READ AND SIGN PAGE 2.

CREDIT CARD INFORMATION

Type of card (circle): Visa, Master Card, Discover

Authorized Purchasers:

Credit Card #: _____

1. _____

Expiration Date: _____

2. _____

Pin # (3 digit # located on back of card): _____

Signature: _____

3. _____

I hereby represent that I am authorized to submit this application on behalf customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Martenson Turf Products, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility. I further agree to pay a service charge of 1.5% per month (18% per annum) on all amounts not paid within stated terms of sale. I also agree to pay any bank processing fee for credit or debit card purchases. In any action to collect my debt to Martenson Turf Products, Inc., I hereby agree to pay all costs and expenses including attorney's fees and court costs at the pretrial/trial and appellate levels.

Business

Name: _____

By: _____

Driver's License Number: _____

Title: _____

Date: _____