



Twixwood Nursery

P.O. Box 247, Berrien Springs, MI 49103
PH: (269) 471-7408 FX: (800) 854-1756

Dear Customer:

Here is the credit application you requested. Please read it carefully and complete it thoroughly and legibly. It is very important that you **sign the bottom** of the Confidential Credit Application in both places. The trade reference area is also critical for complete processing. Make sure you provide at least three references. Including **fax numbers and or emails** for your references ensures faster processing.

Submit your completed form by faxing toll-free to **(800) 854-1756** or email to acct19@twixwood.com. Please also mail a copy of the original to the following address:

**Twixwood Nursery
P.O. Box 247
Berrien Springs, MI 49103**

If you are *tax exempt*, we will need a copy of your certificate for our file. Please include it with your application; otherwise, we will assume you are taxable.

Please allow a minimum of two weeks for processing. You will be notified when your application has been approved. If you have any questions, please feel free to contact us.

The other forms in this packet are helpful for the efficient handling of your account by all of our departments so we appreciate you filling all of them out.

Sincerely,
Twixwood Nursery Accounting Team

CONFIDENTIAL CREDIT APPLICATION

We welcome your interest in doing business with **TWIXWOOD, LLC**. All information submitted will be kept in confidence and used solely to determine your line of credit. **(Please allow a minimum of 2 weeks.)** Return Fax: **800-854-1756** or Email acct19@twixwood.com

New Customer _____ **Existing Customer** _____

Firm Name: _____ Telephone: _____

Billing Address _____

City State Zip: _____

Shipping Address: _____

City State Zip: _____

Attach more sheets for additional physical locations or mailing addresses

Fax Number: _____ Email Address: _____

Do you need your invoices Mailed _____ Faxed _____ Emailed _____? Billing Email _____

Legal Status: Proprietor: ___ Partner ___ LLC/Incorporated: _____ (State) _____ On (Date) _____

Business License # (TIN): _____ Established _____ Present Location Since _____

Taxable Yes ___ No ___ (If "No" please supply a copy of exemption certificate) **Federal ID#:** _____

| OFFICERS/OWNERS/MEMBERS: | TITLE: | ADDRESS: | PHONE: |
|---------------------------------|---------------|-----------------|---------------|
| | | | |
| | | | |

Web Page Address: _____

Company Type: ___ Landscape Contractor ___ Roofing Contractor ___ University/R&D ___ Other _____
___ Architect/Designer ___ Building Owner ___ General Contractor

Buyer Contact Person: _____ **Position/Title:** _____

Typically, this is the buyer or estimator, the person requesting quotes, checking availability, placing orders, etc.

Phone: _____ Fax: _____

Alt. Phone: _____ Cell: _____

Email Address: _____

Accounting Contact Person: _____ **Position/Title:** _____

Phone: _____ Cell/Alt. #: _____ Fax _____

Email Address: _____

Other Contact Person: _____ **Position/Title:** _____

Phone: _____ Cell/Alt. #: _____ Fax _____

Email Address: _____

TRADE REFERENCES: (Open account firms only. No credit cards please.)

BUSINESS NAME:

Phone

Fax or Email

AMOUNT OF CREDIT DESIRED: _____

TERMS: Applicant is hereby advised that our regularly stated terms are 30 days NET. Past due accounts will be assessed a service charge of 1 ½% per month or at a rate not to exceed lawful limits. All claims for errors must be reported upon receipt and confirmed by written memorandum within 10 days lest all consideration be waived.

ADDITIONAL PROVISIONS OF OUR COMPANY INCLUDE:

In the event it becomes necessary for our firm to file suit to enforce payment, we shall be entitled to court costs, attorney's fees and interest at the rate of 1 ½% per month on all amounts due and payable.

Corporation officers herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm:

Individual: _____
Signature, Title, Date

Individual: _____
Signature, Title, Date

I have read, understand, and accept the above terms, have provided true information to the best of my knowledge, and have retained a copy for my records. I authorize the above cited references to supply pertinent information as may be required to determine our credit capabilities.

APPLICANT: _____
Name of Owner or responsible party please print Signature of Owner or responsible party

| Title of Signer | SS# | Date |
|-----------------|-----|------|
|-----------------|-----|------|

Please Fax this back to us at (800) 854-1756.

Or Email acct19@twixwood.com

For Internal Use Only New Update

User Updating: _____

Date Updated: _____

Salesperson: _____

Account Manager: _____

Customer Code: _____

Region/Freight Zone: _____

Other Notes: _____



Twixwood Nursery

P.O. Box 247, Berrien Springs, MI 49103
PH: (269) 471-7408 FX: (800) 854-1756

Availability List Format Request Form

Please email this form to info@twixwood.com or fax/mail it to the above address

At Twixwood Nursery we value your privacy, so we keep your information confidential and do not sell or share your address, fax number, email address or other information.

Company Name: _____

Buyer or Person Submitting this form: _____

Twixwood prepares several availability lists in different formats.

- ✓ Our **Availability** list includes our Available Now items as well as Future Available numbers. Available Now items are good, healthy plants ready for immediate use. Future available numbers include healthy plants that may not look great as well as production and future, planned production. The list is available for download in PDF and Excel formats. We also include photos of some of the best looking plants in season.
- ✓ *New:* Our **Weekly Liner Availability** will be a listing of liners currently available.

Twixwood offers our availability online. Check it out at <https://twixwood.com/wholesale/availability/>

Please send me this list to me at the following email address:

Email: _____
Please give the email address

Please send me Twixwood's Availability:

Weekly Every Other Week Once a Month

Please send me Twixwood's Weekly Liner Availability

Signature: _____ Date: _____

Updated 4/2022