



**southern turf nurseries**

Thank you for your interest in our products. Please complete and return the attached STN Credit Application and Bank Reference Authorization forms if you are interested in applying for credit privileges with STN, Inc. Both forms must be completed in full and then signed by an officer of your company. You may fax the completed forms to (815) 459-6695, e-mail them to [sharonfreise@sbcglobal.net](mailto:sharonfreise@sbcglobal.net) or return them by mail to the address listed below.

We will begin processing your credit request upon receipt of these completed forms. Please allow a minimum of two weeks for the processing of your application for credit.

Upon credit approval our normal terms are payment in full within thirty (30) days after the invoice date. Our statement reminders are computed on the last day of each month and include all open items. Any balance more than thirty (30) days old will be considered PAST DUE and subject to a finance charge calculated at an annual rate of eighteen (18%) percent. Past due accounts are automatically placed on a cash basis until amounts due, including finance charges, are paid in full. Credit lines not activated within sixty (60) days of approval are subject to reevaluation at the discretion of STN, Inc.

We look forward to a pleasant business relationship.

**CREDIT DEPARTMENT:**

3713 Franklin Court Crystal Lake, Illinois 60014  
(888) 541-8775 Fax (815) 459-6695 [sharonfreise@sbcglobal.net](mailto:sharonfreise@sbcglobal.net)

# *STN, Inc.*

## *SOUTHERN TURF NURSERIES, INC.*

Legal Name of Business		Doing Business As		
Business Address	City	State	Zip	
Mailing Address - if different	City	State	Zip	
Phone Number	Fax Number	Mobile or Pager Number		
_____	( ) ( ) ( )	\$ _____		
Date Business Established	Corporation	Partnership	Single	Credit Line Requested

**\*REQUIRED\* PLEASE LIST OWNERS, PARTNERS, OFFICERS, AND/OR STOCKHOLDERS**

Name	Title	Address	Phone	Social Security #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\*\*REQUIRED\*\* PLEASE LIST FOUR RECENT TRADE REFERENCES**

Trade _____	Phone# _____
Trade _____	Phone# _____
Trade _____	Phone# _____
Trade _____	Phone# _____

**TERMS AND CONDITIONS OF SALE**

- (1) All sales will be conducted on a cash basis until credit has been established by Southern Turf Nurseries, Inc. (STN).
- (2) According to the laws of the States where our products are sold, sales tax must be applied to all invoices unless a valid "Certificate of Resale" has been submitted
- (3) Payment of all amounts due will be made no later than the terms agreed upon by the Applicant(s) and STN. Accounts in default will be subject to cancellation of credit with STN. A finance charge of 1 ½ % will be assessed monthly on all invoices that are not paid when due.
- (4) In the event the account becomes delinquent, and will be referred to a licensed collection agency or an attorney, Applicant(s) agrees to pay all costs and expenses of collection including reasonable attorney's fees, court costs and costs incurred on appeal. Applicant(s) agrees to waive all rights relating to a venue, and further agrees to accept an appropriate court in Baldwin County, Alabama as venue for any action brought on the account.
- (5) In support of this application for credit, STN is hereby authorized to obtain necessary credit and financial information relating to the Applicant(s). It is understood that any such credit and financial information will be held in strict confidence and used only in consideration of said application for credit.
- (6) In consideration of STN extending credit to the Applicant(s), the undersigned agree, jointly and severally, to be responsible for, and guarantee payment of all goods and services supplied to the Applicant(s). It is understood that credit is granted to the Applicant(s) based on the personal guaranty of the undersigned to provide payment should the Applicant(s) fail to pay the same. It is further understood that this guaranty will be continuing and irrevocable unless the undersigned notify STN in writing by certified mail, return receipt requested, of any change of ownership or form of Applicant's business organization.

I/We have read, understand, and agree to the stated terms and conditions.

Authorized Signature and Title	Printed Authorized Signature	Date
_____	_____	_____
Authorized Signature and Title	Printed Authorized Signature	Date
_____	_____	_____

For Office Use Only:

Date Approved	Credit Line	Terms	Approved by
_____	_____	_____	_____

***STN, Inc. Credit Department:***  
***3713 FRANKLIN COURT CRYSTAL LAKE, ILLINOIS 60014 (888) 541-8775 FAX (815) 459-6695 sharonfreise@sbcglobal.net***

