



624 Deer Park Avenue Dix Hills, NY 11746 Tel: (631) 667-4400 Fax: (631) 667-1704
E-mail sales@halfhollownursery.com

ACCOUNT APPLICATION

BUSINESS NAME: _____ PHONE: _____
ADDRESS: _____ CELLPHONE: _____
CITY, STATE, ZIP: _____ FAX: _____
E-MAIL ADDRESS: _____
CONTACT PERSON: _____

LEGAL STATUS: _____ YEAR ESTABLISHED: _____
 PROPRIETORSHIP
 PARTNERSHIP
 CORPORATION
TYPE OF BUSINESS: _____

OWNERS/OFFICERS: 1. _____ 2. _____
TITLE: _____
HOME ADDRESS: _____
CITY, STATE, ZIP: _____
HOME PHONE: _____
DRIVERS LICENSE: _____
FEDERAL ID #: _____

TERMS

Applicant is hereby advised that sales are conducted on a cash basis unless credit has been established prior to pick-up or delivery. Payments may be made in cash, by credit card (M/C, Visa, Amex, Discover) or check. We cannot accept post dated checks or hold checks for deposit. Returned checks will result in a \$25.00 service charge and forfeiture of any discounts. The customer will be billed accordingly.

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 1.5% per month on all amounts due and payable.

I have read, understand and accept the above terms. I have provided true information to the best of my knowledge and have retained a copy of this agreement for my record.

APPLICANT'S NAME: _____ TITLE: _____
SIGNATURE: _____ DATE: _____

I hereby agree to be personally responsible for payment to Half Hollow Nursery, Inc. of all invoices and fees incurred by the applicant.
NAME: _____ DATE: _____
SIGNATURE: _____