

P.O. Box 398  
MAPLE PARK, IL 60151  
PHONE (630) 365-1990  
FAX (630) 365-3818



**MIDWEST**  
**GROUNDCOVERS**  
LLC

## CONFIDENTIAL CREDIT APPLICATION AND AGREEMENT

(APPLICATION MAY BE TYPED OR PRINTED)

THANK YOU FOR APPLYING FOR CREDIT WITH MIDWEST TRADING. IT IS EXTREMELY IMPORTANT TO COMPLETE ALL PARTS OF THE CREDIT APPLICATION AND TO HAVE THE PROPER COMPANY PERSONNEL SIGN IN THE APPROPRIATE AREAS. THE FOLLOWING INFORMATION IS SUBMITTED TO MIDWEST TRADING FOR CONSIDERATION AS A BASIS FOR OPENING AN ACCOUNT WITH US. IF ACCEPTED, THIS CREDIT APPLICATION BECOMES AN AGREEMENT FOR AN ACCOUNT STATED.

The legal name of our business is \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_ Fax \_\_\_\_\_

We have been established for \_\_\_\_\_ years

We are a (check one)  Corporation  Partnership  LLC  Sole Proprietorship

We are incorporated under the state laws of \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

For e-Invoice option, Contact Name/Phone \_\_\_\_\_

E-mail address(s) \_\_\_\_\_

---

### The owners, partners, officers or stockholders are:

1. Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Res. Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Res. Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Res. Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

---

Our tax returns have been cleared with the taxing authorities through 20\_\_\_\_.

We expect our maximum credit requirements from Midwest Trading to be about \$\_\_\_\_\_

- All customers! Please complete the Trade References section and the Information and Release Authorization for Bank and Lending Institutions form.
- If you do not wish Midwest Trading to include sales tax on orders, a completed Certificate of Resale Form must accompany this application.
- Any customer whose company is a Corporation, Partnership, or LLC is required to complete the Personal Guaranty Form.

**YOU WILL BE NOTIFIED AS SOON AS THE TRADE REFERENCES ARE RECEIVED AND WE HAVE REVIEWED YOUR APPLICATION. THANK YOU FOR YOUR INTEREST IN OBTAINING CREDIT WITH MIDWEST GROUNDCOVERS, LLC, MIDWEST TRADING HORTICULTURAL SUPPLIES, INC. AND MIDWEST GROMASTER. WE LOOK FORWARD TO GROWING OUR BUSINESS – TOGETHER**

We believe that our firm is financially able to meet any commitments we have made and we expect to pay our invoices according to the terms stated by Midwest Trading. We shall provide information to Midwest Groundcovers, LLC, Midwest Trading Horticultural Supplies, Inc. and/or Midwest GROmaster to aid in perfecting and liening property. It is our obligation to notify you of any change in ownership or capitalization of our company.

We hereby apply to obtain credit terms with Midwest Groundcovers, LLC, Midwest Trading Horticultural Supplies, Inc. and Midwest GROmaster jointly and severally agree to pay all bills contracted in accordance with the terms stated. We agree to pay interest on any past due balances. We also agree that in the event of default, the entire balance owed, accrued service charges, collection costs and attorney's fees (if applicable) shall become due and payable in full upon demand.

**SIGNATURE OF ALL COMPANY PRINCIPLES:** APPLICATIONS MUST BE SIGNED AT X

	<u>SIGNATURE</u>	<u>TITLE</u>	<u>DATE</u>
X	_____	_____	_____
X	_____	_____	_____
X	_____	_____	_____
X	_____	_____	_____

**TRADE REFERENCES** - Please indicate three firms from whom you are currently purchasing on account.

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_
  
2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_
  
3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_



P.O. Box 398  
 MAPLE PARK, IL 60151  
 PHONE (630) 365-1990  
 FAX (630) 365-3818

**MIDWEST  
 GROUNDCOVERS  
 LLC**

**INFORMATION RELEASE AUTHORIZATION FOR  
 BANK AND LENDING INSTITUTIONS**

I hereby authorize:

**Bank Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

to release to Midwest Groundcovers, LLC, Midwest Trading Horticultural Supplies, Inc. and/or Midwest GROmaster all information requested by them, and at anytime in the future.

**Our Checking Account #** \_\_\_\_\_  
**Open Loan #** \_\_\_\_\_ **Open Loan Balance** \_\_\_\_\_  
**Company Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

PERSONAL GUARANTY

In consideration of MIDWEST GROUNDCOVERS, LLC, and/or MIDWEST TRADING HORTICULTURAL SUPPLIES, INC., and/or MIDWEST GROMASTER, hereinafter referred to as “the Companies”, extending credit under the attached Confidential Credit Application to the Customer, the undersigned, jointly and severally, personally guarantee to the Companies the full and prompt payment when due, of all indebtedness and other obligations of Customer to the Companies as set forth herein. In connection with this Personal Guaranty, the undersigned, jointly and severally, as personal guarantor, hereby stipulate and agree the (a) no action, inaction, or accommodation taken or extended by the Companies with respect to the Customer shall in any way release the undersigned of his/her personal guaranty hereunder; (b) presentment, demand, protest, notice or dishonor and notice of protest under the Confidential Credit Application are herein waived; (c) upon the occurrence of any default by Customer under the Confidential Credit Application, the Companies may proceed directly against the undersigned, jointly or severally, as personal guarantor, without the necessity of first pursuing any remedies against Customer; (d) venue for any such action by the Companies against the undersigned, jointly or severally, as personal guarantor, shall be solely in the 16<sup>th</sup> Judicial Circuit, Kane County, Illinois; (e) this Personal Guaranty is unlimited, absolute, unconditional, continuing, and one of payment; (f) the undersigned, jointly and severally, agree to pay all costs of collection, including reasonable attorney’s fees and costs.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Guarantor

\_\_\_\_\_  
Guarantor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security #                      Date of Birth

\_\_\_\_\_  
Social Security #                      Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Guarantor

\_\_\_\_\_  
Guarantor

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security #                      Date of Birth

\_\_\_\_\_  
Social Security #                      Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address



**MIDWEST  
GROUNDCOVERS**  
LLC

P.O. Box 398  
MAPLE PARK, IL 60151  
PHONE (630) 365-1990  
FAX (630) 365-3818

Please complete the form below, including an authorized signature, to establish your **Illinois tax-exempt** status in our system. Please fax your response to 630/365-3818 or mail to the address above as soon as possible.

**CERTIFICATE OF RESALE**

Sellers: Midwest Groundcovers, LLC, 6N800 IL Route 25, St. Charles, IL 60174  
Midwest Trading Horticultural Supplies, Inc., 48W805 IL Route 64, Maple Park, IL 60151  
Midwest GROmaster, 48W801 IL Route 64, Maple Park, IL 60151

The undersigned hereby certifies that all tangible personal property hereafter purchased by him/her is for the purpose of resale. Check only one box.

- All purchases I make from this seller are for resale.
- Other Please explain \_\_\_\_\_

The undersigned assumes liability for payment of Retailers' Occupation Tax, Service Occupation Tax or Use Tax with respect to receipts from the resale of the property to the users or consumers.

This certificate shall be considered a part of each order which we shall give, unless such order otherwise specifies.

\_\_\_\_\_  
Company Name Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Description of the property being purchased

\_\_\_\_\_  
Signature of Purchaser (or Authorized Agent) Date Resale/Registration Number