

CENTRAL

SOD FARMS, INC.

25605 West 111th Street
Plainfield, Illinois 60585

www.centernalsod.com

Office: (630) 904-1017
Fax: (630) 904-0327

Wholesale Cash Application

If you have any questions, please call the Credit Department at: 630-904-1017 and we will be happy to assist you.

Today's Date: _____

Company Name: _____

Company Address: _____

City, State, Zip: _____

Business Phone #: _____ Cell Phone #: _____ Fax #: _____

Type of business: Please check one: Corporation Partnership LLC Sole Proprietor

Years in business: _____ Federal Tax ID #: _____ or SSN: _____

Email address: _____ Web site: _____

Agreement to Receive Wholesale Pricing

The undersigned does hereby certify that he/she is authorized to sign this application and certifies the above information is true and complete. The applicant authorizes Central Sod Farms, Inc. to verify that the above information is true and correct. Terms are C.O.D. (Collect on Delivery) The undersigned fully understand and promises to pay in full at time of delivery, and/or pick-up, by business check, cash or credit card. A \$30 processing fee will be charged for checks returned by the bank for non-sufficient funds, refer to maker, account closed, or payment stopped checks. In the event that an account is not paid upon delivery, a convenience charge of 2% will be assessed monthly. The applicant hereby consents that all transactions with Central Sod Farms, Inc. shall be governed by the laws of the State of Illinois and jurisdiction and venue for hearing in any matter in dispute shall be with the Will County Circuit Court of the Twelfth Judicial Circuit of the State of Illinois. In the event that account becomes delinquent and referred to a collection agency or an attorney, the applicant agrees to pay all costs and expenses of collection including collection agency fees, attorney's fees, court costs, and other costs incurred by Central Sod Farms, Inc.

ADDITIONALLY, THE UNDERSIGNED FURTHER PERSONALLY GUARANTEES ALL MONIES DUE TO CENTRAL SOD FARMS, INC.

The undersigned acknowledges that he/she has read the agreement, understands, and agrees to be bound by the stated terms, conditions and PERSONAL GUARANTEE.

Printed Name: _____ Date: _____

Signature: _____

*****A business card plus a photocopy of your driver's license is required with this application*****

Central Sod Use Only

____ Business Card Attached ____ Driver's License Attached

CSF Employee accepting App Initials: _____ System Date: _____