



Toll Free: 800-451-3064  
 Sales Phone: 610-967-2181  
 Sales Fax: 610-965-4506

**We offer two types of customer accounts 1) CREDIT (Open) 2) PREPAY**  
*For your convenience and to serve you more speedily and completely, we encourage establishment of an open account by completing this application.*  
**CREDIT accounts (only) allow payment on receipt of your order (COD) or anytime within 30 days of receipt (Net 30 day terms). Thank you for your business.**  
**Return by EMAIL: ar@danschantz.com, Fax: 610-967-4824 or MAIL**

**APPLICATION & AGREEMENT FOR CREDIT ACCOUNT (Open/Terms)**

Please type or Print - Credit Application will not be processed without proper signature PA Sales Tax Exempt?   
PA Sales are taxed if no exemption cert is on file

Business Name: \_\_\_\_\_

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

County \_\_\_\_\_ Fed ID# \_\_\_\_\_ Date Business Started: \_\_\_\_\_ Desired Credit Amt \_\_\_\_\_

Attn: \_\_\_\_\_ Email: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax# \_\_\_\_\_

Please check one:  Corporation  Partnership  Sole Proprietor  Member Managed LLC  Manager Managed LLC

Officer's/Owner's Name \_\_\_\_\_, Title \_\_\_\_\_

Officer's/Owner's Name \_\_\_\_\_, Title \_\_\_\_\_

Officer's/Owner's Name \_\_\_\_\_, Title \_\_\_\_\_

If Manager Managed LLC: Name of Manager: \_\_\_\_\_, Manager

Accounts Payable: Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Contact: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Account# \_\_\_\_\_

**TRADE REFERENCES:** **EMAIL** **PHONE** **FAX**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**APPLICANT'S AUTHORIZATION & AGREEMENT**

In support of this application, Dan Schantz Farm & Greenhouses, LLC is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application.

Upon approval of this application, it is agreed that each invoice will be paid in full upon receipt or in accordance with the terms of sale as stated on the invoice(s). Should I/we not pay Dan Schantz Farm & Greenhouses, LLC according to term, it is understood that credit privileges may be withdrawn. Should Dan Schantz Farm & Greenhouses, LLC find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay interest at the rate of 1 1/2% per month (or such other rate allowable by State law), reasonable attorney fees, collection fees and/or court costs allowable by law. Dan Schantz Farm & Greenhouses, LLC's option, jurisdiction and venue of any suit brought to collect this account shall be had in Lehigh County, PA. A copy of this statement and application has been received.

**BUSINESS NAME:** \_\_\_\_\_

**BY:** \_\_\_\_\_ **PRINT:** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 (must be signed by the Owner, Officer or Principal of the firm -if Manager managed LLC-Manager must sign)

**PERSONAL GUARANTEE**

The undersigned, [print name] \_\_\_\_\_, of the applicant corporation/company hereby agrees to the above terms and conditions and assumes personal responsibility for payment of said corporation's/company's account.

\_\_\_\_\_  
 (An individual)

**CREDIT DEPARTMENT USE ONLY**

CUSTOMER# \_\_\_\_\_ CREDIT LIMIT \_\_\_\_\_ TERMS \_\_\_\_\_ DATE \_\_\_\_\_ APPROVED \_\_\_\_\_