



Credit Application Form

11610 Sylvester Road, Mission, BC V2V 4J1
 Telephone: 604-820-7381 Fax: 604-820-7382
 E-mail: peels@uniserve.com www.peelsnurseries.com

Please type or print clearly

Firm Name: _____		
Physical Address: _____	Postal Code/Zip: _____	
City, Province: _____		
Billing Address: _____	Postal Code/Zip: _____	
<small>(if different from above)</small>		
PST#: _____	.GST#: _____	.IRS#: _____
Business Phone: _____	Home Phone: _____	Fax: _____

Proprietorship: Partnership: Corporation: Years in Business: _____

Principals and Partners:

Name:	Title:	Home Address:	S.I.N.#
A/P Manager:			

Credit Information:

Financial Institution: _____
Branch: _____
Contact Person: _____ Account #: _____

Trade References (must include at least one nursery):

1. _____	Phone: _____
2. _____	Phone: _____
3. _____	Phone: _____

TERMS:

It is understood and agreed that accounts are due 30 days from date of invoice. I/we agree to pay each invoice in accordance with these terms. All past due accounts are subject to a service charge of 2% per month which will apply from the date such account becomes due and is subject to change on notification from Peel's Nurseries Ltd. I/we agree to pay all collection/legal expenses if due. I/we hereby authorize Peel's Nurseries Ltd. to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirements. This consent is given pursuant to Section 12 of the Personal Information Report Act, S.B.C. 1973.

Any account running over the stated terms will be notified by phone or letter and if payment is not received within fifteen(15) days the account will be closed and further correspondence with regards to outstanding balances will be referred to our Legal Offices, which can be reached at :Attn: Darrel McEachern

McEachern Harris Brown & Kehler/22334 McIntosh Avenue/
 Maple Ridge, BC V2X 3C1 Tel: 604-467-6951 Fax: 604-467-1224 **Page 1 of 3**

**GUARANTEES ACKNOWLEDGEMENT
SCHEDULE
THE GUARANTEES ACKNOWLEDGEMENT ACT
CERTIFICATE OF NOTARY PUBLIC**

I HEREBY CERTIFY THAT:

1.

_____ of _____
the Guarantor in the Guarantee dated _____, made between
_____ and _____
which this Certificate is attached to or noted upon, appeared in person before me and acknowledged that
he/she had executed the Guarantee;

2.

I satisfied myself by examination of him/her that he/she is aware of the contents of the Guarantee and
understands it.

GIVEN AT _____
this _____ day of _____, A.D. 20_____, under my hand
and seal of office.

A Notary Public in and for the
Province of _____

STATEMENT OF GUARANTOR

I am the person named in the Certificate.

Signature of Guarantor

