



SERVING CUSTOMERS IN
ALBUQUERQUE/BOISE/CINCINNATI/DALLAS/DENVER/FLINT
GAYLORD/KANSAS CITY/MILWAUKEE/NORFOLK/OMAHA
SAINT LOUIS/ SALT LAKE CITY/SEATAC/TOLEDO
COLORADO GROWERS SUPPLY

CUSTOMER INFORMATION SHEET

ACCOUNT # _____ DATE _____

NAME OF BUSINESS _____ STATE RESALE TAX # _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____ BUSINESS PHONE(____) _____

SHIPPING ADDRESS (if different) _____

CITY _____ STATE _____ ZIP _____

YEARS AS OWNER _____ YEARS AT CURRENT BUSINESS ADDRESS _____

TYPE OF BUSINESS: [] RETAIL [] WHOLESALE [] OTHER (EXPLAIN) _____

TYPE OF OWNERSHIP: [] PROPRIETORSHIP [] PARTNERSHIP [] CORPORATION [] LLC [] d/b/a

PLEASE INDICATE THE TYPE OF ACCOUNT YOU ARE REQUESTING

[] CASH ONLY [] COD [] CHECK/CREDIT CARD

[] CHARGE [] NET 10TH OF THE MONTH [] 10 DAY

PLEASE LIST ALL OWNERS, PARTNERS OR CORPORATE OFFICERS:

(1) Name _____ Title _____ SS# _____ Home Phone (____) _____

Home Address _____ City _____ State _____ Zip _____

(2) Name _____ Title _____ SS# _____ Home Phone (____) _____

Home Address _____ City _____ State _____ Zip _____

(3) Name _____ Title _____ SS# _____ Home Phone (____) _____

Home Address _____ City _____ State _____ Zip _____

THE BUSINESS LOCATION IS: [] OWNED [] RENTED (From Whom?)

Landlord _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

BUSINESS CREDIT REFERENCES

(1) Name _____ Account # _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

(2) Name _____ Account # _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

(3) Name _____ Account # _____ Address _____

City _____ State _____ Zip _____ Phone (____) _____

If you wish to receive faxes or E mail from DWF regarding new offerings, special pricing and availability please sign here.

Fax Number (____) _____ E mail _____ Authorized Signature _____

TERMS OF SALE: NET DUE ON THE 10TH DAY FOLLOWING THE END OF EACH MONTH. A finance charge of 2% per month (24% APR), will be assessed on all past due balances. The undersigned authorizes DWF to investigate the information provided including obtaining a credit report from any reporting agency, including personal credit information if furnished as inducement for charge approval. I understand and agree that if granted a charge account I will abide by the terms of sale as stated.

I agree that in the event any checks presented to DWF are returned by our bank and must be re-deposited for any reason, that the amount of the returned item will be charged back to our account and that DWF may assess a returned item handling fee for each instance of re-deposit. In the event that DWF deems it necessary to place my account with an agency or attorney for collection of any past due amounts, I agree to pay those amounts set forth as collection or attorney fees and court costs.

by _____ Title _____

INDIVIDUAL PERSONAL GUARANTY

For and in consideration of DWF and Subsidiaries (hereinafter referred to as "The Company"), extending credit at the undersigned's request to:

(Name of Business) _____
(hereinafter referred to as "The Purchaser"), jointly, severally and unconditionally guarantees the full and punctual payment when due of all indebtedness now or hereafter owing by The Purchaser, and personally guarantees to The Company the payment of any obligation of The Purchaser whenever The Purchaser should fail to pay the same. This guaranty additionally binds the undersigned to pay any and all collection fees, attorney fees and/or court costs assessed by a court or paid by The Company should the account be referred outside The Company for collection.

The undersigned waive notice of The Company's acceptance hereof. Of the accrual, renewal and extension of the indebtedness, of The Purchaser's default, and of the accrual of the undersigned's liability hereunder, as well as grace, notice, presentment for payment, and protest with respect to every portion of the indebtedness. I/ We further authorize The Company to investigate the undersigned's personal credit, including obtaining a credit report from any reporting agency.

Executed this _____ Day of _____, 2_____.

Guarantor # 1

(Print Name)

(Address)

(Signature)

(Social Security Number)

Guarantor # 2

(Print Name)

(Address)

(Signature)

(Social Security Number)

For DWF Use Only

Account Approved for

Cash Only COD Check OK PORI OPEN

Initial Credit Limit

Amount \$ _____

Completed by _____

Date _____

Approved by _____

Date _____

Computer updated by _____