



Skagit Gardens, Inc. • 3100 Old Highway 99 S
Mount Vernon, Washington 98273-9069
Phone: 360-424-6144 • 800-334-1719
Fax: 800-874-1456

Thank you for your interest in Skagit Gardens!

Enclosed you will find the forms required to become a Skagit Garden's customer. When these are complete, please return them to us via fax, email or US Postal Service. In addition, please include copies of:

- Your State Business License
 - Washington Businesses must have a Nursery Endorsement obtainable by calling Business License Services at the WA State Department of Licensing: 360-664-1400
- Reseller Permit for Non-Tax Liable Washington Businesses
 - We are otherwise required to charge sales tax.

Once your information is received we can provide you with pricing and an availability list. We recommend using the availability for ordering, it is updated daily with a complete listing of our retail ready plants. We can fax or email it to you, or you can view it on our website at www.skagitgardens.com.

If you are requesting credit terms; we start processing the application immediately. Please allow 2–4 weeks for it to be completed. In the meantime, your orders can be shipped COD (Cash on Delivery) which is payable by cash or check and receive an additional 2% discount, or by credit card for no added discount.

If you have questions, please give us a call at 800-334-1719; we are happy to help. Thank you again and we look forward to working with you soon!

Sincerely,

The Skagit Gardens Sales Staff



CUSTOMER INFORMATION

CONFIDENTIAL

Please complete the entire application

Legal Name & DBA _____

Billing Address

Street _____ City _____ State _____ Zip _____

Shipping Address

Street _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Buyer Information

Contact Name _____ Cell Phone _____ E-mail _____

Customer Information

Please copy and attach the following

- State issued Business License – WA residents must have a nursery endorsement on their license
- State issued Reseller Permit – WA and CA residents only

Annual Sales \$ _____ Months Open _____ Year Present Owner Established _____

Bank Reference _____ Contact _____

Address _____ Phone _____

P.O. Required? YES NO Prefer to receive availability: Fax E-mail Web (www.skagitgardens.com)

Business Type Retail Nursery Landscaper City Other: _____

Check One Sole Proprietorship Partnership Corporation Other: _____

Canadian Customers

Saturn No _____ Canadian Broker _____

Owner/Officers:

1. Name _____ Soc Sec No _____ Phone _____

Address _____

2. Name _____ Soc Sec No _____ Phone _____

Address _____

3. Bookkeeper _____ Phone _____

TERMS

Our terms are net 30 days. Past due accounts may also be subject to a finance charge of 1.5% per month, or the maximum rate allowable by law. If an account is over 60 days past due, it may be turned over to a collection agency. Finally, our NSF fee is \$30.00 and any cash discount granted is forfeited.

ORDER ADJUSTMENTS

If you have a claim, please notify us by phone, fax or mail within seven days of receiving your order. Skagit Gardens, Inc. is not liable for claims made after that time. Claims cannot exceed the invoiced amount.

I have read, understand and accept these terms. I agree to notify you promptly of any changes in ownership of the business, and accept liability for all charges to the business conducted under the account name, unless and until you receive written notice of a change in ownership of that business. If I do not comply with these terms I agree to pay 18% interest per annum, or the maximum allowable rate by law. If a lawsuit is commenced, I will pay all collection and attorney fees actually incurred, and agree that such suit may take place in King or Skagit County, Washington, at the option of Skagit Gardens, Inc.

Signature _____ Date _____



FAX/E-MAIL RECEIPT AUTHORIZATION

Under the proposed FCC regulations, Skagit Gardens, Inc. must have written permission from you to send faxes and e-mails to you. We are providing you with a form to complete to ensure that we are in compliance with the FCC regulations and have your most current information in our files.

Business name _____

Address _____

Name of person authorized
to provide consent (please print) _____

E-mail address(es) _____

Phone number(s) _____

Fax number(s) _____

I understand that providing my mailing address, e-mail address(es), telephone number(s) and fax number(s), I consent to receive communications sent by or on behalf of Skagit Gardens via regular mail, e-mail, telephone or fax.

I prefer to receive availability information by E-mail Fax

We appreciate doing business with you and communicating with you via fax and/or e-mail. Information on this form is strictly confidential and will not be shared with any other company or person.

Please return this form to us by faxing it to 800-874-1456 or mailing it to

Skagit Gardens, Inc., 3100 Old Highway 99 South, Mount Vernon, WA 98273

Signature of authorized person _____

Date _____



CREDIT APPLICATION

If you wish to establish credit with Skagit Gardens, Inc, we need the following information. Please allow 2 – 4 weeks for your credit application to be processed. Until your application has been approved, orders will ship COD (cash on delivery) and may be paid by cash, check or credit card.

Business Name _____

TRADE REFERENCES

Please list those within the industry from whom you buy on open account. Fax numbers required

1. Name _____ Phone _____ Fax _____

Address _____ Email _____

2. Name _____ Phone _____ Fax _____

Address _____ Email _____

3. Name _____ Phone _____ Fax _____

Address _____ Email _____

Authorization is hereby granted to request and extend credit information without liability on the part of Skagit Gardens or references above. All information is held in strictest confidence for the sole use of qualifying the applicant and determining the limit of credit. I personally affirm that all of the above information is true, correct and complete.

Signature _____ Date _____

PERSONAL GUARANTEE

I, _____, residing at _____ for and in consideration of Skagit Gardens, Inc. extending credit at my request to _____, (hereinafter referred to as "the Company"), hereby personally guarantee to you the payment of any obligation of the Company. It is understood that this guarantee shall be a continuing guarantee and indemnity for such indebtedness of the Company.

Signature _____ Date _____

If you would prefer to use your credit card to pay for purchases, please fill out a Credit Card Authorization form. We keep this information on file for one year.

Business Name _____

Credit Card Purchases and Guarantees

We accept Visa, MasterCard and Discover Card for your convenience. Please fill in the information below and fax or mail this back to us. If you wish to change any details of this arrangement please call the sales staff for assistance



Card Number _____ Exp Date _____

Name as Shown on Card _____

Business Name _____

Signature _____

- I would like all my purchases charged to this account unless I request otherwise.
- I want to charge to this account only when I request it.