



6877 235th Street West
Farmington, MN 55024

Phone: 651-463-3288 Fax: 651-463-4747 Email: nurserysales@bachmans.com

Thank you for your interest in becoming a Bachman's Wholesale customer. Please complete the following information and return it to Bachman's Wholesale.

1. Have you in the past or are you currently working with one of our salespeople?

○ If so, who? _____

2. What sort of products are you interested in?

_____ Nursery _____ Hardscapes _____ LiveRoof

3. How do you prefer to be contacted, email or phone?

4. Would you like us to mail you a wholesale catalog? Plants, hardscapes or both?

5. If you are applying for Bachman's credit, what is your desired credit limit?

6. If you are tax exempt, be sure to include your tax exempt form.

7. Please complete the following application and provide all required information to Bachman's Wholesale. If you would like to be tax-exempt, please be sure to include that documentation as well.

Bachman'sTM

6010 Lyndale Avenue South
Minneapolis, MN 55419-2289
Credit Office: 612-861-7670 Fax: 612-861-7767

CUSTOMER APPLICATION

TODAY'S DATE _____
COMPANY NAME _____ DATE ESTABLISHED _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
OFFICE PHONE # _____ FAX # _____
MAIN CONTACT _____ CONTACT'S EMAIL _____
WEBSITE _____ ****PLEASE ATTACH COPY OF BUSINESS CARD****

SERVICES REQUESTED:

WHOLESALE _____ GENERAL BUSINESS _____ LANDSCAPE SERVICES _____
PLANT LEASING _____ GARDEN SERVICES _____ OTHER _____

D & B NUMBER: _____ FED ID #: _____

(ST3) SALES TAX EXEMPTION NUMBER _____

****SALES TAX EXEMPTION STATUS REQUIRES WE HAVE A COMPLETED ST3 FORM ON FILE-PLEASE ATTACH****

BILLING INFORMATION

Would you like to have a PO # or job name on all orders/invoices? YES ___ NO ___

Would you like to have Invoices/Credits sent to you by email? YES ___ NO ___

Would you like to have Statements sent to you by email? YES ___ NO ___

NAMES OF OFFICERS & OTHER AUTHORIZED BUYERS:

WOULD YOU LIKE TO RECEIVE
EMAILED INVOICES / STATEMENTS?

Name _____ Title _____ YES ___ NO ___
Email _____ Cell # _____

Name _____ Title _____ YES ___ NO ___
Email _____ Cell # _____

Name _____ Title _____ YES ___ NO ___
Email _____ Cell # _____

Name _____ Title _____ YES ___ NO ___
Email _____ Cell # _____

Name _____ Title _____ YES ___ NO ___
Email _____ Cell # _____

IF APPLICABLE:

CONTRACTOR LICENSE #: _____ MN NURSERY LICENSE #: _____

For further information go to <https://www.mda.state.mn.us/licensing/licensetypes/nurseryprogram.aspx>

MNLA FOUNDATION: Improving the Environment by Investing in Research and Education. You are encouraged to participate in this voluntary donation ¼ of 1% on all purchases. All monies are forwarded by Bachman's to the MNLA Foundation to grow a brighter future for the industry. YES ___ NOT AT THIS TIME ___

TRADE REFERENCE SECTION: (complete this section only to be considered for open credit terms)

BANKING INFORMATION:

BANK NAME _____ PHONE # _____ EMAIL _____

ACCT. NUMBER _____ TYPE: CHECKING LOAN SAVINGS

BANKER'S NAME _____ BANKER'S PHONE # _____

Please understand that providing a direct contact at the bank will allow us to process your credit application faster. The bank assesses a \$15.00 charge for all online reference requests. This fee will be billed to customers that choose not to provide a direct banking contact. The target turnaround time for credit approval decisions are approximately 24-48hrs. (Keep in mind timeframes may vary if more documentation is needed). All customers are welcome to continue to shop at Bachman's with understanding that you will not be able to charge to the "Bachman's Wholesale Account" until your application has been "APPROVED". Bachman's does appreciate your business, and we do honor the following national credit cards: Visa, MasterCard, American Express, and Discover for your convenience.

COMMERCIAL REFERENCES: (complete this section only to be considered for open credit terms)

NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____

CONTACT: _____ ACCT. NUMBER: _____

NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____

CONTACT: _____ ACCT. NUMBER: _____

I/we certify that the information provided above is true and correct. If credit is granted, we agree to pay all lawful charges, including reasonable attorney fees, court costs, filing fees and other collection costs incurred by Bachman's, Inc. in connection with the collection of this account.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Bachman's will bill on the 21st day of each month, with payments due by the 20th day of the following month. If there are any questions on billing method please call 612-861-7796 for assistance.

No discounts are given unless they are specifically identified in a contract. All billed amounts are due and payable by the due date. A finance charge of 1.5% per month (or maximum allowed by law) will accrue on balances not paid by the due date shown on the statement. In the event Bachman's commences collection action, the customer, agrees to pay all costs of collection, including but not limited to reasonable attorney fees and collection proceeding costs including arbitration, mediation or civil action as deemed necessary to collect the outstanding obligation due to Bachman's. A 1.5% convenience fee will be charged if you pay your open charge account balance with a credit card after your net standard payment terms, unless credit card payment is received at point of sale.

Personal Guarantee of Payment Of Charges:

The undersigned, in consideration of the sales on credit to the above customer, jointly and severally, do unconditionally and irrevocably personally guarantee the payment of this account when due according to its terms. IF THERE IS REFERENCE TO AN OFFICE HOLDER BELOW, IT IS FOR IDENTIFICATION PURPOSES ONLY AND DOES NOT LIMIT PERSONAL LIABILITY OR RELIEVE THE UNDERSIGNED FROM JOINT AND SEVERAL PERSONAL LIABILITY. Revocation of the guaranty of payment can be made only in writing, sent by certified mail, return receipt requested. Revocation of the guaranty of payment will be effective only when accepted in writing by Bachman's and only applies to materials sold after the date of the acceptance of this guaranty and consent to all changes of the terms: extensions of credit and releases of security. Any extensions or forbearance by Bachman's shall have no effect on the enforceability of the guaranty. In the event of non-payment under the guaranty, the undersigned agrees to pay all costs of collection, including but not limited to reasonable attorney fees and collection proceeding including arbitration, mediation or civil action as deemed necessary to collect the outstanding obligation due to Bachman's.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Please check if you do not wish to receive promotional emails/texts from Bachman's _____

****Payment Remittance: Bachman's Inc. 6010 Lyndale Avenue South, Minneapolis MN 55416-2289**