



Cutlass

Mower Blades

Application For Credit

Business Name: _____ Owner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

State Sales Tax ID Number: _____

Trade References

Business Name: _____ Owner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Business Name: _____ Owner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Bank Reference

Bank Name: _____ Acct # _____

Address: _____

Phone: _____ Fax: _____

I/we do hereby certify that the information given in this application is true and correct. I/we authorize the above listed references to release to Green Acres Group LLC information needed to complete this application.

I/we understand the terms are net 30 days and agree to promptly pay within these terms. In the event that the account becomes delinquent, I/we agree to pay a finance charge that will be imposed in the amount of 1.5% per month (Annual percentage Rate of 18%) I/we agree to pay all collection costs should the account be turned over for collection.

Signature: _____ Date: _____

Please Return to:

Green Acres Group LLC, 9659 N State Rd 19, Nappanee, IN 46550 or Fax to: 1-800-608-5973