

EASTERN SHORE NURSERY OF VIRGINIA, LLC.

PO BOX 69 ■ KELLER, VA 23401 ■ TELEPHONE: (757) 787-4732 ■ FAX: (757) 787-3009 ■ EMAIL: esn@esnursery.com

CONFIDENTIAL CREDIT APPLICATION

FIRM NAME: _____ TEL: (____) _____

Name of Parent Company (if subsidiary) _____ FAX: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

LEGAL STATUS: (x) ___ PROPRIETORSHIP ___ PARTNERSHIP ___ LLC ___ INCORP. In (STATE) _____ YEAR _____

DATE ESTABLISHED: _____ CURRENT OWNERSHIP SINCE: _____ AT PRESENT LOCATION SINCE: _____

PROPERTY OWNED: ___ or LEASED FROM _____ LEASE EXPIRATION: _____

OFFICERS/OWNERS NAMES:	TITLE	RESIDENCE ADDRESS	HOME TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NURSERY TRADE REFERENCES: (Indicate firms from whom you are currently purchasing on open account)

NAME	ADDRESS	CITY	ST	ZIP	TELEPHONE
_____	_____	_____	_____	_____	(____) - _____
_____	_____	_____	_____	_____	(____) - _____
_____	_____	_____	_____	_____	(____) - _____
_____	_____	_____	_____	_____	(____) - _____

BANK REFERENCES:

NAME	ADDRESS	CITY	ST	ZIP	TELEPHONE
_____	_____	_____	_____	_____	(____) - _____

OFFICER: _____ CHECKING ACCT NO: _____ LOAN ACCT NO: _____

TERMS: Applicant is hereby advised that our terms are: New Accounts . 3% COD, Established Accounts . 2% 10 days, net 30 days. Past due accounts will be assessed a service charge of 1.5% per month or at a rate not to exceed lawful limits. All claims for errors or unsatisfactory stock must be reported upon receipt and confirmed in writing within 10 days lest all consideration be waived.

If it becomes necessary for our firm to refer this account to a collection agency and/or file suit, we shall be entitled to all costs, including, but not limited to, collection fees, attorney's fees, court costs and interest at the rate of 1.5% per month on all amounts due and payable. Applicant agrees that venue for any collection suit shall be in the County of Accomack, Commonwealth of Virginia.

CORPORATE OFFICERS HEREWITH ACKNOWLEDGE AND ASSUME PERSONAL RESPONSIBILITY FOR ALL DEBTS INCURRED IN THE NAME OF THE FIRM:

Individual: _____
Signature Date

Individual: _____
Signature Date

Individual: _____
Signature Date

Individual: _____
Signature Date

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE TERMS, HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE, AND HAVE RETAINED A COPY OF THIS AGREEMENT FOR MY RECORDS. I FURTHER AUTHORIZED THE ABOVE CITED REFERENCES TO SUPPLY PERTINENT INFORMATION AS MY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES.

I ASSUME RESPONSIBILITY TO NOTIFY EASTERN SHORE NURSERY OF VA, LLC. OF ANY SUBSTANTIAL CHANGES IN THE FINANCIAL CONDITION OF THE BUSINESS AND/OR ANY CHANGE IN THE PRINCIPAL OWNERS OR STOCKHOLDERS:

Applicant: _____
Signature & Title of Responsible Officer Date

10/11/05