



Twixwood Nursery

P.O. Box 247, Berrien Springs, MI 49103
PH: (269) 471-7408 FX: (800) 854-1756

Dear Customer:

Here is the credit application you requested. Please read it carefully and complete it thoroughly and legibly. It is very important that you **sign the bottom** of the Confidential Credit Application in both places. The trade reference area is also critical for complete processing. Make sure you provide at least three references. Including **fax numbers** for your references ensures faster processing.

Submit your completed form by faxing toll-free to **(800) 854-1756**. Please also mail a copy of the original to the following address:

**Twixwood Nursery
P.O. Box 247
Berrien Springs, MI 49103**

If you are *tax exempt*, we will need a copy of your certificate for our file. Please include it with your application; otherwise we will assume you are taxable.

Please allow a minimum of two weeks for processing. You will be notified when your application has been approved. If you have any questions, please feel free to contact us.

The other forms in this packet are helpful for the efficient handling of your account by all of our departments so we appreciate you filling all of them out.

Sincerely,
Twixwood Nursery Accounting Team

New Customer

CONFIDENTIAL CREDIT APPLICATION

Existing Customer

We welcome your interest in doing business with TWIXWOOD NURSERY, LLC. All information submitted will be kept in confidence and used solely to determine your line of credit. (Please allow a minimum of 2 weeks.) Return Fax: 800-854-1756.

Firm Name: _____ Telephone: _____

Address: _____

City State Zip: _____

Fax Number: _____ Email Address: _____

Do you need your invoices Mailed, Faxed or Emailed in addition to being delivered with your order?

Legal Status: Proprietor: Partner: LLC/Incorporated: (State) _____ On (Date) _____

Established _____ Present Location Since _____

Business type (Retail, Landscape, etc.) _____

Taxable Yes No (If "No" please supply a copy of exemption certificate) Tax ID#: _____

OFFICERS/OWNERS/MEMBERS:	TITLE:	ADDRESS:	PHONE:

TRADE REFERENCES: (Open account firms only. No credit cards please.)

BUSINESS NAME:	PHONE:	FAX:
	()	()
	()	()
	()	()
	()	()

AMOUNT OF CREDIT DESIRED: _____

TERMS: Applicant is hereby advised that our regularly stated terms are 30 days NET. Approved applicants with 1st order will pay 100% C.O.D. (via cashier's check, money order or credit card) Un-approved credit applications must pay 100% pre-pay (via cashier's check, money order or credit card) for all orders. Past due accounts will be assessed a service charge of 1 1/2% per month or at a rate not to exceed lawful limits. All claims for errors must be reported upon receipt and confirmed by written memorandum within 10 days lest all consideration be waived.

ADDITIONAL PROVISIONS OF OUR COMPANY INCLUDE: In the event it becomes necessary for our firm to file suit to enforce payment, we shall be entitled to court costs, attorney's fees and interest at the rate of 1 1/2% per month on all amounts due and payable.

Corporation officers herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm:

Individual: _____ Individual: _____
(Signature, Title, Date) (Signature, Title, 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 for my records. I authorize the above cited references to supply pertinent information as may be required to determine our credit capabilities.

APPLICANT: _____
(Signature of Responsible Officer) (Title) (S. S. #) (Date)

***** APPLICANT DOES NOT WRITE IN THIS SPACE BELOW *****

Previous Experience: _____ Disposition: _____

Reason: _____ Terms: _____
Limit: _____ Date: _____ By: _____ Revised 4-4-11

PLEASE MAIL ORIGINAL COPY OF THIS FORM TO: TWIXWOOD NURSERY, P.O. BOX 247, BERRIEN SPRINGS, MI 49103

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Employer identification number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



CRT-61 Certificate of Resale

Step 1: Identify the seller

1 Name _____

2 Business address _____

City _____ State _____ Zip _____

Step 2: Identify the purchaser

3 Name _____

4 Business address _____

City _____ State _____ Zip _____

5 Complete the information below. Check only one box.

The purchaser is registered as a retailer with the Illinois Department of Revenue. _____
Account ID number

The purchaser is registered as a reseller with the Illinois Department of Revenue. _____
Resale number

The purchaser is authorized to do business out-of-state and will resell and deliver property only to purchasers located outside the state of Illinois. See Line 5 instructions.

Step 3: Describe the property

6 Describe the property that is being purchased for resale or list the invoice number and the date of purchase.

Step 4: Complete for blanket certificates

7 Complete the information below. Check only one box.

I am the identified purchaser, and I certify that all of the purchases that I make from this seller are for resale.

I am the identified purchaser, and I certify that the following percentage, _____%, of all of the purchases that I make from this seller are for resale.

Step 5: Purchaser's signature

I certify that I am purchasing the property described in Step 3 from the stated seller for the purpose of resale.

Purchaser's signature Date ____/____/____

Note: It is the seller's responsibility to verify that the purchaser's Illinois account ID or Illinois resale number is valid and active. You can confirm this by visiting our web site at tax.illinois.gov and using the Verify a Registered Business tool.

General information

When is a Certificate of Resale required?

Generally, a Certificate of Resale is required for proof that no tax is due on any sale that is made tax-free as a sale for resale. The purchaser, at the seller's request, must provide the information that is needed to complete this certificate.

Who keeps the Certificate of Resale?

The seller must keep the certificate. We may request it as proof that no tax was due on the sale of the specified property.

Do not mail the certificate to us.

Can other forms be used?

Yes. You can use other forms or statements in place of this certificate but whatever you use as proof that a sale was made for resale must contain

- the seller's name and address;
- the purchaser's name and address;
- a description of the property being purchased;
- a statement that the property is being purchased for resale;
- the purchaser's signature and date of signing; and
- either an Illinois account ID number, an Illinois resale number, or a certification of resale to an out-of-state purchaser.

Note: A purchase order signed by the purchaser may be used as a Certificate of Resale if it contains all of the above required information.

When is a blanket certificate of resale used?

The purchaser may provide a blanket certificate of resale to any seller from whom all purchases made are sales for resale. A blanket certificate can also specify that a percentage of the purchases made from the identified seller will be for resale. In either instance, blanket certificates should be kept up-to-date. If a specified percentage changes, a new certificate should be provided. Otherwise, all certificates should be updated at least every three years.

Specific instructions

Step 1: Identify the seller

Lines 1 and 2 Write the seller's name and mailing address.

Step 2: Identify the purchaser

Lines 3 and 4 Write the purchaser's name and mailing address.

Line 5 Check the statement that applies to the purchaser's business, and provide any additional requested information.

Note: A statement by the purchaser that property will be sold for resale will not be accepted by the department without supporting evidence (e.g., proof of out-of-state registration).

Step 3: Describe the property

Line 6 On the lines provided, briefly describe the tangible personal property that was purchased for resale or list the invoice number and date of purchase.

Step 4: Complete for blanket certificates

Line 7 The purchaser must check the statement that applies, and provide any additional requested information.

Step 5: Purchaser's signature

The purchaser must sign and date the form.

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft. Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)
Name of Purchaser
Business Address City State Zip
Purchaser must provide minimum of one ID number below.*
Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate. TID# (10 digits) LOC# (3 digits)
If not registered with the Indiana DOR, provide your State Tax ID Number from another State. State ID# State of Issue
*See instructions on the reverse side if you do not have either number.

Section 2
Is this a blanket purchase exemption request or a single purchase exemption request? (check one)
Description of items to be purchased.

Section 3
Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)
Sales to a retailer, wholesaler, or manufacturer for resale only.
Sale of manufacturing machinery, tools, and equipment to be used directly in direct production.
Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)
Sales of tangible personal property predominately used (greater than 50 percent) in providing public transportation - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT#
Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale. Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.
Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).
Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).
Sales to the United States Federal Government - show agency name. Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.
Other - explain.

Section 4
I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.
I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.
Signature of Purchaser Date
Printed Name Title

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser. Seller must keep this certificate on file to support exempt sales.

Michigan Sales and Use Tax Certificate of Exemption

DO NOT send to the Department of Treasury. Certificate must be retained in the seller's records. This certificate is invalid unless all four sections are completed by the purchaser.

SECTION 1: TYPE OF PURCHASE

A. One-Time Purchase

Order or Invoice Number: _____

C. Blanket Certificate

Expiration Date (maximum of four years): _____

B. Blanket Certificate. Recurring Business Relationship

The purchaser hereby claims exemption on the purchase of tangible personal property and selected services made from the vendor listed below. This certifies that this claim is based upon the purchaser's proposed use of the items or services, OR the status of the purchaser.

Vendor's Name and Address

SECTION 2: ITEMS COVERED BY THIS CERTIFICATE

Check one of the following:

- All items purchased.
- Limited to the following items: _____

SECTION 3: BASIS FOR EXEMPTION CLAIM

Check one of the following:

- For Resale at Retail. Enter Sales Tax License Number: _____
- For Lease. Enter Use Tax Registration Number: _____

The following exemptions DO NOT require the purchaser to provide a number:

- For Resale at Wholesale.
- Agricultural Production. Enter percentage: _____ %
- Industrial Processing. Enter percentage: _____ %
- Church, Government Entity, Nonprofit School, or Nonprofit Hospital (Circle type of organization).
- Nonprofit Internal Revenue Code Section 501(c)(3) or 501(c)(4) Exempt Organization (must provide IRS authorized letter with this form).
- Nonprofit Organization with an authorized letter issued by the Michigan Department of Treasury prior to June 1994 (must provide copy of letter with this form).
- Rolling Stock purchased by an Interstate Motor Carrier.
- Other (explain): _____

SECTION 4: CERTIFICATION

I declare, under penalty of perjury, that the information on this certificate is true, that I have consulted the statutes, administrative rules and other sources of law applicable to my exemption, and that I have exercised reasonable care in assuring that my claim of exemption is valid under Michigan law. In the event this claim is disallowed, I accept full responsibility for the payment of tax, penalty and any accrued interest, including, if necessary, reimbursement to the vendor for tax and accrued interest.

Business Name	Type of Business (see codes on page 2)
Business Address	City, State, ZIP Code
Business Telephone Number (include area code)	Name (Print or Type)
Signature and Title	Date Signed



Twixwood Nursery

P.O. Box 247, Berrien Springs, MI 49103
PH: (269) 471-7408 FX: (800) 854-1756

Contact Information Form

Company Name: _____

Web Page Address: _____

Company Type: Landscape Contractor Roofing Contractor University/R&D Other _____
 Architect/Designer Building Owner General Contractor _____

Primary Contact Person: _____ **Position/Title:** _____

(Typically this is the buyer or estimator, the person requesting quotes, checking availability, placing orders, etc.)

Phone: _____ Fax: _____

Alt. Phone: _____ Cell: _____

Email Address: _____

Accounting Contact Person: _____ **Position/Title:** _____

Phone: _____ Cell/Alt. #: _____ Email Address: _____

Other Contact Person: _____ **Position/Title:** _____

Phone: _____ Cell/Alt. #: _____ Email Address: _____

Other Contact Person: _____ **Position/Title:** _____

Phone: _____ Cell/Alt. #: _____ Email Address: _____

Attach more sheets is necessary for additional contacts.

Primary Mailing/Billing Address: _____

Physical Address: _____

Contact Person: (Accounting Contact will be used by default) _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email Address: _____

Primary Delivery/Yard Address: _____

Contact Person: (Primary Contact will be used by default) _____

City, State, Zip: _____

Yard/Cell Phone: _____ Fax: _____ Email Address: _____

Attach more sheets for additional physical locations or mailing addresses.

Other Contact Information we should know: _____

Please Fax this back to us
at (800) 854-1756.

For Internal Use Only New Update
User Updating: _____
Date Updated: _____
Salesperson: _____
Account Manager: _____
Customer Code: _____

Region/Freight Zone: _____ Unit Freight Amt. _____
Other Notes:
Double Checked by: _____ Date _____



Twixwood Nursery

P.O. Box 247, Berrien Springs, MI 49103
PH: (269) 471-7408 FX: (800) 854-1756

Shipping Survey

Company Name: _____

Name of Shipping/Receiving Person or Yard Manager: _____

Their Direct Line or Cell #: _____

Their Email Address: _____

Primary Yard or Shipping Address: _____

Additional Contact Information: _____

What is the earliest time of day you can accept a delivery? _____

What is the latest time of day you can accept a delivery? _____

Can you receive a Semi? _____

Are there special directions for getting to your Yard or Primary Shipping Address? _____

Do you need Lift-Gate Service? _____

Do you have a Forklift or Bobcat with Forks? _____

Do you have any special instructions/questions? _____

Please Fax this back to us toll free at 800-854-1756. If possible please include a map to your location.

Thanks,
Twixwood Shipping Team

Updated 1/2013



Twixwood Nursery

P.O. Box 247, Berrien Springs, MI 49103
PH: (269) 471-7408 FX: (800) 854-1756

Availability List Format Request Form

Please email this form to info@twixwood.com or fax/mail it to the above address

At Twixwood Nursery we value your privacy so we keep your information confidential and do not sell or share your address, fax number, email address or other information.

Company Name: _____

Buyer or Person Submitting this form: _____

Twixwood prepares several availability lists in different formats.

- ✓ Our **Availability** list includes our Available Now list, with items available for sale and in a saleable category as well as our Current & Future Availability list, with the above items as well as those we expect to be ready in the coming four to six weeks. Both lists will be available for download in PDF and Excel formats. It will also, seasonally, include pictures of what plants are looking good that week.
- ✓ Our **Announcements and Updates** list will be a periodic email.
- ✓ Our **Blog and Newsletter** lists will be sent when a new Blog or Newsletter is published online. Updates up to once a week for the Blog, and periodic for the Newsletter.
- ✓ *New:* Our **Weekly Liner Availability** will be a listing of liners currently available.

The lists are emailed from about April through September and are available online in the off season.

Twixwood offers our availability online. Check it out at <https://twixwood.com/wholesale/availability/>

Please send me this list to me at the following email address:

Email: _____
Please give the email address

Please send me Twixwood's Availability:

Weekly Every Other Week Once a Month

Please send me Twixwood's Emails for:

Blog Newsletter Weekly Liner Availability Updates & Announcements

Signature: _____ Date: _____