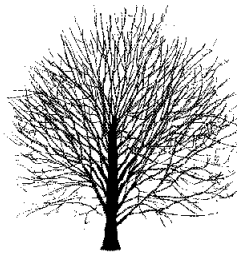


PLEASE WRITE LEGIBLY



AMOUNT OF CREDIT –
REQUESTED

\$

Tuckahoe Nurseries, Inc.
PO Box 576
Tuckahoe, NJ 08250
Phone 609-861-0533 Fax 609-861-0383

CREDIT APPLICATION

Business Name	Phone #	Fax #
----------------------	----------------	--------------

Mailing Street Address	City	State	Zip Code
-------------------------------	-------------	--------------	-----------------

Shipping Street Address (NO PO BOXES)	City	State	Zip Code
--	-------------	--------------	-----------------

NAME OF OFFICERS/OWNERS: (ADDITIONAL SHEETS MAY BE ADDED TO END OF APPLICATION)

1)

Name (Title)	SS #	DL #
---------------------	-------------	-------------

Street Address	City	State	Zip Code
-----------------------	-------------	--------------	-----------------

Home Phone #	Cell Phone #
---------------------	---------------------

2)

Name (Title)	SS #	DL #
---------------------	-------------	-------------

Street Address	City	State	Zip Code
-----------------------	-------------	--------------	-----------------

Home Phone #	Cell Phone #
---------------------	---------------------

3)

Name (Title)	SS #	DL #
---------------------	-------------	-------------

Street Address	City	State	Zip Code
-----------------------	-------------	--------------	-----------------

Home Phone #	Cell Phone #
---------------------	---------------------

AUTHORIZED SIGNERS ON ACCOUNT ARE:

Name	Title	Business Phone	Cell Phone
------	-------	----------------	------------

BANK REFERENCES

1)

Bank Name	Bank Contact	Check/Sav/Mort Acct #
-----------	--------------	-----------------------

Street Address	City	State	Zip Code	Fax #
----------------	------	-------	----------	-------

2)

Bank Name	Bank Contact	Check/Sav/Mort Acct #
-----------	--------------	-----------------------

Street Address	City	State	Zip Code	Fax #
----------------	------	-------	----------	-------

(4) - TRADE REFERENCES

Please list (4) trade references with whom you currently buy from on an open account (net30days). These accounts must be Nurseries, Sod Growers, Hard-Goods Distributors, or similar "Trade" References Only.

1)

Company Name	Contact
--------------	---------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Phone #	Fax #	Account #
---------	-------	-----------

2)

Company Name	Contact
--------------	---------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Phone #	Fax #	Account #
---------	-------	-----------

3)

Company Name	Contact
--------------	---------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Phone #	Fax #	Account #
---------	-------	-----------

4)

Company Name	Contact
--------------	---------

Street Address	City	State	Zip Code
----------------	------	-------	----------

Phone #	Fax #	Account #
---------	-------	-----------

Form of Company Ownership(Circle One) Individual Partnership Corporation LLC

How Long in Business _____ State of Incorporation _____

Business Tax Identification # or Individual SS #: _____

Accounts Payable Statements are faxed to every customer at the beginning of each month. Should you wish not to receive your statement by fax please check this box.

If you would like to provide a different fax number for your statement: FAX # _____

Accounts Payable Contact Person _____ Phone # _____

Do You require PO's ? YES NO

Are your purchases taxable? YES NO Tax Exempt # _____
(Please attach a copy of your tax exempt certificate.)

Have you ever declared Bankruptcy before? Yes No

Do you have judgments? Yes No Under what name? _____

****Please complete, sign and return this authorization to Tuckahoe Nurseries, Inc. with your credit application. ****

****CREDIT RELEASE OF AUTHORIZATION****

Upon request of Tuckahoe Nurseries, Inc., I hereby authorize you (my bank or trade reference) to supply information to Tuckahoe Nurseries, Inc. regarding any transaction with you, including information regarding credit extended, and activity with my account without liability on your part.

Sincerely,

Business Name

Street, City, State, Zip

Signature – Individual
(Must be corporate Officer)

Date

Print Name

Title

*** MINI MIRANDA WARNING ***
"THE CREDIT INFORMATION CONTAINED IN THE APPLICATION IS AN ATTEMPT TO COLLECT ANY OUTSTANDING DEBTS, AND ANY INFORMATION WILL BE USED FOR THAT PURPOSE AND KEPT CONFIDENTIAL."

Payment terms and guaranty: This application for credit is made for the benefit of myself and/or a corporation. By signing this agreement, I/(We) agree to pay invoices rendered in the name of the undersigned, within thirty days of purchase. I also agree that an interest charge 1.5% per month;18% annum, will be assessed to my account for balances unpaid within set terms. In the event that any balances are not paid within set terms and subsequently placed for collection, I agree to be liable for all cost of collections and reasonable attorney's fees. All sales are due and payable in the Township of Dennis, Cape May County, New Jersey.

Signature-Individual

Print Name

Date

Signature-Corporation

Print Name, Title

Date

PERSONAL GUARANTY :(Must be signed to ensure proper credit consideration)

Individual

Print Name

Date

IF A PARTNERSHIP, BOTH PARTNERS MUST SIGN BELOW:

Officer of Corporation

Print Name

Date

Officer of Corporation

Print Name

Date

OFFICE USE ONLY:

APPROVED BY _____

DATE _____

AMOUNT OF CREDIT AUTHORIZED \$ _____