



# W.H. MILIKOWSKI, INC.

“Grow With Us”

## HOW TO SET UP AN ACCOUNT WITH W.H. MILIKOWSKI, Inc.

- \* Fill out the “New Customer Information” sheet on the next page.
- \* Decide if you would like to establish an open line of credit with W.H. Milikowski, Inc. If so, please fill out the “Application for Credit” (be sure to complete all the information) on page v. If not, we accept VISA/MasterCard upon placement of order or check or cash at time of delivery.
- \* Mail or fax with copy of your State Farmer Exemption Form and/or Sales and Use Tax Permit to:

W.H. Milikowski, Inc.  
 10 Middle River Drive  
 Stafford Springs, CT 06076  
 Fax: 860-684-7945

## Pricing Policy

**Prices Shown Herein Are Current at the Time of Printing.  
 All Prices in This Catalog Are Subject to Change Without Prior Notice,  
 Written or Otherwise.  
 Pricing in Effect at Time of Shipment Will Prevail.  
 For Current Quotation, Please Call Our Office.  
 We Will Not be Held Responsible for Typographical Errors.**

## Farm Credit East

Greenhouse and Nursery businesses in the Northeast require millions of dollars of loan and lease financing every year and Farm Credit East is the preferred lender.

### How Can Farm Credit East Help You?

- \* Loans and leases
- \* Financial record-keeping services
- \* Tax preparation and planning
- \* Farm software sales and service
- \* Payroll services
- \* Appraisal services
- \* Credit life insurance
- \* Crop insurance and risk management
- \* Country Home Loans

### Help Your Business Grow

Call the Farm Credit East Office Nearest to You!

#### Connecticut

Dayville 800-327-6785  
 Enfield 800-562-2235

#### Massachusetts

Middleboro 800-946-0506

#### New Hampshire

Bedford 800-825-3252

#### New Jersey

Bridgeton 800-219-9179  
 Flemington 800-787-3276

#### New York

Burrville 800-626-3276  
 Claverack 800-362-4404

Cobleskill 800-327-6588

Cortland 800-392-3276

Greenwich 800-234-0269

Middletown 888-792-3276

Potsdam 800-295-8431

Riverhead 800-890-3028

Sangerfield 800-762-3276

**New Customer Information**  
**Mailing Information:**

Today's Date: \_\_\_\_\_

Legal Name of Company: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DBA: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Principal Contact: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Type of Customer:

- Nursery
- Wholesale Grower
- Retail Grower
- Landscaper
- School
- Other \_\_\_\_\_

\_\_\_\_\_

City State Zip + 4

**Shipping Information:**

Delivery Area Code: \_\_\_\_\_  
(Internal Use)

Legal Name of Company: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of Principal Contact: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Set Up For:

- Tractor Trailer Truck
- Straight Truck
- Van / Pickup Truck
- Auto Only
- Forklift on Site

\_\_\_\_\_

City State Zip + 4

Directions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All Customers are **COD** unless Credit Application (see reverse side) is completed and approved.  
**Sales Tax Will Be Charged** if a State Tax or Exemption Permit is not provided at time order is placed.  
**We require a copy! It is your responsibility to provide us with a copy of your forms.**  
We will accept a faxed copy.

Sales & Use Tax # \_\_\_\_\_ Farmer Exemption Certificate # \_\_\_\_\_

# W.H. MILIKOWSKI, INC.

10 Middle River Drive, Stafford Springs, CT 06076

Phone: 860-684-1595

Accounting Office Fax: 860-684-7945

## Application for Credit

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Confidential**

Information is solely for the purpose of establishing Credit

<b>Credit Limit Desired:</b> _____ .00 <b>Legal Company Name:</b> _____ <b>Principal Contact:</b> _____ <b>Mailing Address:</b> _____ <small>City _____ State _____ Zip + 4 digits _____</small> <b>Do You:</b> Rent _____    Own: _____ <b>Other Businesses:</b> _____ <b>Have you ever filed bankruptcy?</b> Y _____    N _____,    If yes, Co. name and date: _____	<b>Account #</b> _____ <b>Years Established</b> _____ <b>Yrs At Present Location</b> _____ <b>Phone:</b> (____) _____ - _____ <b>Fax:</b> (____) _____ - _____ <b>E:mail:</b> _____
<p><b>We Require a Copy of the Following Forms and/or Certificates! It is Your Reponsibility to Provide Us With These Copies.</b></p> <b>Federal ID #</b> _____ <b>and/or Social Security #</b> _____ <b>Sales &amp; Use Tax #</b> _____ <b>Farmer's Exeption Certificate #</b> _____ <b>Restricted Use Pesticide License #</b> _____ <b>Name of Licensee</b> _____	

Individual     Partnership     Corporation ~ Date Incorporated: \_\_\_\_/\_\_\_\_/\_\_\_\_    State: \_\_\_\_

Name of Principals	Address	Phone
1)		(____) _____
2)		(____) _____
3)		(____) _____

Bank Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Account #: \_\_\_\_\_

<b>References:</b> (please provide at least three, use additional pages if necessary)			
Co. Name:	Account #:		
Address:	City:	State:	Zip:
Phone: (____) _____	Fax: (____) _____	E:mail: _____	
Co. Name:	Account #:		
Address:	City:	State:	Zip:
Phone: (____) _____	Fax: (____) _____	E-mail: _____	
Co. Name:	Account #:		
Address:	City:	State:	Zip:
Phone: (____) _____	Fax: (____) _____	E-mail: _____	

**Release of Credit Information:** The signing of this application authorizes W.H. Milikowski, Inc. to perform credit investigation(s) of the applicant. Applicant authorizes any references to release information necessary for W.H. Milikowski, Inc. to make an informed credit decision. W.H. Milikowski, Inc. is authorized to make all inquiries deemed necessary to determine the credit worthiness of applicant including any third parties with whom the applicant has or is conducting business and any additional third parties that W.H. Milikowski, Inc. deems relevant. W.H. Milikowski, Inc. is hereby authorized to answer questions about its credit experience with the applicant and to provide information regarding its credit experience with the applicant. W.H. Milikowski, Inc. requires the signature of a principal owner of the business applying for credit.

**Yes, Please Charge Appropriate Sales Tax To My Purchases.**

**Terms:** Net 30 days unless otherwise specified at time of order. Interest charges will be assessed at a rate of 1.5% per month on past due amounts. Applicant agrees to pay all costs of collection incurred on delinquent amounts, including applicable attorney fees. **Sales Tax will be charged if customer fails to provide a copy of appropriate tax certificate(s) for our records.** I certify that all the information on this form is correct. I fully understand, on behalf of the company so named here, your credit terms and conditions and agree to pay within those terms to retain my extension of credit by W.H. Milikowski, Inc.

**A Facsimile of this signed agreement shall be regarded as a duplicate of the original. Please MAIL the original to the above address.**

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_