

**RIVERSTONE VENTURES LTD. O/A
RIVERSTONE GARDEN CENTER**

**PO Box 23019, Citadel RPO
St. Albert, AB T8N 6Z9**

**Phone: 780-456-0480
Fax: 780-472-9497**

E-mail: Info@riverstonegardencenter.com

Account Agreement

In consideration of Riverstone Ventures Ltd. o/a Riverstone Garden Center, herein after referred to as the “company” granting credit for the purpose of purchasing products and/or services, I/we agree to be bound by the following terms and conditions governing any and all such credit purchased namely:

1. All purchases are due the 30th day of the month following Invoice date. (Example – invoice date of August 31 equals due date of September 30th).
2. Any amount due and not paid by the end of the due date, shall be charged a service charge calculated at a rate of 2% per month, compounded monthly. Effective annual rate is 26.82%.
3. Company may vary the service charge rate by giving written notice by way of regular mail to the applicant not less than 60 days before the variation becomes effective.
4. Any payment made in respect of a credit transaction shall be applied first to the accumulated service charge, and thereafter to the principle amount of the outstanding debt.
5. The applicant agrees that the company may access personal credit bureau reports and/or credit reports containing information in connection with the applicant and I/we authorize the receipt and exchange of credit information.
6. Company will assess handling charges in the amount of \$50.00 for any dishonored cheque received from the applicant.
7. I/We hereby agree to indemnify the company for all collection fees/legal fees and all other expenses the company incurs should my/our account fall to collection.
8. I/we authorize the company to charge my/our current and/or past due accounts to my/our credit card.

Name of Cardholder_____

Card Number (Visa/Mastercard)_____

Expiry date_____

I/we acknowledge that I/we have read and fully understand the terms and conditions of this account agreement. This application is subject to approval of the Company’s Credit Department. I/we affirm all information is true and correct

I AM THE APPLICANT NAMED HEREIN OR AN AUTHORIZED REPRESENTATIVE OF THE CORPORATION NAMED HEREIN.

COMPANY NAME: _____

AUTHORIZED SIGNATURE_____

PRINT NAME & TITLE _____

DATE _____

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Credit Application

Applicant Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

GST#: _____ P.O. Required ____Y____N

Years in business _____ Nature of Business _____

Accounts Payable Contact: _____ Phone: _____

Name of Bank: _____ Branch Contact: _____

Address: _____ Account Number: _____

Phone: _____ Fax: _____

Major Suppliers

Company: _____ Phone: _____

Address: _____ Fax: _____

Company: _____ Phone: _____

Address: _____ Fax: _____

Company: _____ Phone: _____

Address: _____ Fax: _____

Terms: All invoices are net 30 days unless otherwise stated. A finance charge of 2% monthly and 24% annum will be levied on all past due amounts.

Declaration: I hereby certify that the information provided is correct and give authorization to obtain credit bureau reports and any other information from any source with Riverstone Ventures Ltd. considers to be appropriate.

Signature: _____ Date: _____

Position: _____