Welcome to Belmont Nursery

Thank you for your interest in doing business with Belmont Nursery. Inside this packet you will find general information, ordering guidelines, credit application, credit card authorization and California Resale Certificate information. Please fill out the attached paperwork and return to us by FAX or mail so we may open your account.

If you have requested credit, we will begin processing your application as soon as it is received. Until the credit portion of your application is approved, orders will ship COD and can be paid with cash, check, Visa, Master Card or American Express. We are obligated to collect sales tax unless we have a completed hard copy resale certificate on file for you. If you have any questions please don't hesitate to contact us at the numbers below.

Once again thank you for your interest in our company. We look forward to assisting you in the near future.

Belmont Nursery Staff
7730 E. Belmont Nursery Fresno, CA 93737
Telephone (559)255-6645
FAX (559)25-4040
Visit us on the web at ***www.belmontnursery.com***
You can also email us at ***Orders@belmontnursery.com***

General Information

- Electric carts are available for you to pick your plants and staff can assist you as needed. If you don't see what you need or need more than you can find, please check with us as we have three additional growing yards right down the street.

- Our wholesale hours of operation are:
  Spring/Summer - Monday through Friday 7:00 AM to 5:30 PM
  Saturday 7:30 AM to 5:300 PM
  Sunday 10:00 AM to 4:00 PM

- Plant availability lists are available either by FAX, email or monthly mailer if you would like to be added to our mailing list. Please complete the attached "Company Information Sheet" and we will set up your account in our system. Availability lists are updated each Sunday and are posted on our website on Monday www.belmontnursery.com ; *Commercial Site; Our Plants; Current Availability.*

- **Please accompany your customers if you would like us to give them your special prices.**

Ordering Information

- **Orders**
  - Your order may be placed via telephone, fax or email. Please clearly indicate your business name, telephone number and contact person when ordering.
  - Orders may be picked up or delivery is available. Will Call orders called in by 8 AM can generally be ready by 3:00 PM and orders called in by 3:00 PM can be ready for pick up at 8:00 AM the following day. Tagged items will be held for 3 days unless paid for.
  - Special orders placed on Monday or Tuesday will generally be available on Thursday or Friday.

- **Deliveries**
  - Local deliveries (Fresno / Clovis area) - $500 minimum. We make local deliveries daily (Monday thru Friday). Please contact our office 24 hours in advance to schedule your deliveries. Deliveries to South Valley, Sacramento, Central Coast, East Bay and Peninsula are made Monday through Friday based upon your area. For more information please contact our office for additional information.

Terms & Conditions

- **Payments**
  - While our regular terms are COD, we will be pleased to make credit arrangements with established companies. All credit approved accounts are NET 30 from date of invoice. A finance charge of 1.5% will be charged monthly on all past due invoices. Accounts that are not paid within established terms will lose discount structure and credit status.
  - We accept Visa, MasterCard or American Express cards.

- **Wholesale Sales Policy**
  - Our wholesale department services the following trades:
    - Retail & Wholesale Nurseries
    - Landscape Contractors & General Contractors
    - Landscape Architects & Designers
    - Gardeners & Tree Services
    - Municipalities

- **Claims**
  - All claims must be made within 24 hours of receipt of goods.

- **Return Policy**
  - Our wholesale department sells at a discounted price to professionals only, and as a result, we expect that the plant material will be properly planted and cared for. Therefore we have a *no replacement* policy. Returned items may be subject to a 5% restocking charge.

Belmont Nursery
The "Go-To" Place for Plants!
WWW.BELMONTNURSERY.COM

COMPANY INFORMATION

BUSINESS NAME:_____

OWNER/CONTACT (1ST)_____

(2ND)_____

BILLING ADDRESS_____

CITY_____ STATE_____ ZIP +(4)_____

SHIPPING ADDRESS (IF DIFFERENT)_____

CITY_____ STATE_____ ZIP + (4)_____

PHONE_____ CELL_____FAX_____

CONTRACTORS LICENSE #_____E-MAIL_____

CUSTOMER TYPE: RETAIL NURSERY/FLORIST ___ WHOLESALE NURSERY ___ LANDSCAPER (PRIMARY)___ GARDNER ___ TREE SERVICE ___ ARCHITECT/DESIGNER/BROKER ___ GENERAL CONTRACTOR ___ GOVERNMENT,/MUNICIPALITIES ___ SCHOOL/CHURCH/HOSPITAL ___ GOLF COURSE/MALL/CEMETARY ___ APARTMENTS/PROPERTY MANAGEMENT___ BUSINESS/FARMER ___ HOMEOWNER/FRIEND/NEIGHBOR ___ EMPLOYEE ___ OTHER _____

PLEASE PUT ME ON YOUR (WEEKLY / BI-WEEKLY / MONTHLY) AVAILABLILTY LIST (CIRCLE ONE) PLEASE (E-MAIL / FAX) THE AVAILABILITY LIST (CIRCLE ONE)

ALL *RESALE* CUSTOMERS MUST COMPLETE THE FORM BELOW

BUSINESS NAME: _____

I HEREBY CERTIFY,

That I hold valid seller's permit Number_____

Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling **PLANT & PLANT MATERIAL** that the tangible personal property described herein which I shall purchase from: **BELMONT NURSERY, INC.** will be resold by me in the form of tangible personal property; PROVIDED, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding to for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property.

Description of property to be purchased**: PLANTS & PLANT MATERIAL**

Date _____ Signature _____

Title _____ Printed Name _____

Belmont Nursery
7730 E. Belmont Avenue * Fresno Ca 93727
559-255-6645 / FAX 559-255-4040

APPLICATION FOR CREDIT *Requested $*_____

COMPANY NAME _____

BILLING ADDRESS _____

SHIPPING ADDRESS _____

PHONE _____ FAX _____ CELL _____

TYPE OF BUSINESS _____ YEAR ESTABLISHED _____

ACCOUNTS PAYABLE CONTACT NAME _____

AT PRESENT LOCATION _____ YEARS NURSERY LICENSE#_____

CONTRACTORS LICENSE #_____ RESALE PERMIT #_____

PARTNERSHIP ( ) PROPRIETOR ( ) CORPORATION ( ) DATE & STATE _____

OWNERS/OFFICERS

1._____ TITLE_____

2._____ TITLE_____

3._____ TITLE_____

4._____ TITLE_____

REFERENCES: (GIVE ONLY NAME OF THOSE YOU BUY ON OPEN ACCOUNT WITH)

1._____ PHONE_____ FAX_____
(COMPANY NAME)
ADDRESS_____

2._____ PHONE_____ FAX_____
(COMPANY NAME)
ADDRESS _____

3._____ PHONE_____ FAX_____
(COMPANY NAME)
ADDRESS _____

4._____ PHONE_____ FAX_____
(COMPANY NAME)
ADDRESS _____

BANK INFORMATION:

BANK:_____ ADDRESS_____

CITY/ZIP_____ ACCOUNT # _____

PHONE #_____ CONTACT _____

PERSONAL GUARANTEE:

Corporation officers, partners or proprietors herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm.

INDIVIDUAL_____
Printed name/Title SIGNATURE
DATE

INDIVIDUAL _____
Printed name/Title SIGNATURE
DATE

INDIVIDUAL_____
Printed name/Title SIGNATURE
DATE

INDIVIDUAL _____
Printed name/Title SIGNATURE
DATE

Authorization is hereby granted to extend credit information without liability on the part of Belmont Nursery, Inc., or references above. Terms are net 30 days from invoice date unless otherwise stated on the invoice. Past due accounts will be assessed a service charge of 1.5% per month or at a rate as allowed by local laws and necessary to cover related costs. In the event it becomes necessary to release your account to an outside collection agency or an attorney all related costs will be added to the debtors due.

I/we agree to notify you promptly of any change in ownership of the business conducted under the account name, and agree to liability for all charges to the business conducted under the account name unless and until you receive written notice of a change in ownership of that business.

I/We have read understand, and accept the above terms, and have provided true information to the best of my/our knowledge.

APPLICANT _____ _____ _____
SIGNATURE & TITLE OF RESPONSIBLE OFFICER SOC SECURITY # DATE

APPLICANT _____ _____ _____
SIGNATURE & TITLE OF RESPONSIBLE OFFICER SOC SECURITY # DATE

Belmont Nursery
7730 E. Belmont Avenue * Fresno Ca 93727
559-255-6645 / FAX 559-255-4040

Date _____

_____

_____

_____

Please complete and sign the bottom portion only.

Your name was given as a credit reference for _____.

Open date _____

Credit Limit $_____

High Credit _____

Balance Owing $_____

Terms: Net 30 _____ **Net 60** _____ **Net 90** _____

Pay within terms: Always _____ **Most of the Time** ____ **Sometimes** ____ **Rarely** ____

Please accept this signed letter as authorization to release the above credit information to Belmont Nursery.

I understand all information is confidential and will be used only for purposes of qualification for an open account with Belmont Nursery.

_____
Company Name

_____
Address

_____
City, state, zip

_____
Signature of Authorized person/ Title

_____
Printed Name

Please complete and sign

9/8/2026