

CONFIDENTIAL CREDIT APPLICATION

We welcome your interest in doing business with our company! For your convenience and to serve you better, we encourage establishment of an open account. All information submitted will be held in strictest confidence and used solely to determine your line of credit. It is not mandatory that all items be completed, however the greater your participation, the quicker your application can be acted upon. Please allow a minimum of two weeks for processing. **PLEASE INCLUDE YOUR RESALE CERTIFICATE.**

Firm name: _____	Date: _____
Principal: _____	SS #: _____
Phone: _____	Fax: _____ Cell: _____
Street Address: _____	City/State/Zip: _____
Mailing Address: _____	City/State/Zip: _____
Type of Business: _____	How long in business: _____
How long at present location: _____	Amount of credit requested: _____
State whether Proprietorship, Partnership or Corporation: If, Corp., State of Incorporation: _____	Federal Tax ID #: _____
Owner/Officer Name: _____	SS #: _____
Home Address: _____	City/State/Zip: _____
Owner/Officer Name: _____	SS #: _____
Home Address: _____	City/State/Zip: _____
Person responsible for Accounts Payable: _____	Phone: _____

Business and Professional References:

Name of Bank: _____	Contact Person: _____
Phone: _____	Fax: _____
Address: _____	City/State/Zip: _____
Account #: _____	Account type: _____
Account #: _____	Account type: _____

Trade References:

Name: _____	Phone: _____	Fax: _____
Address: _____	City/State/Zip: _____	
Name: _____	Phone: _____	Fax: _____
Address: _____	City/State/Zip: _____	
Name: _____	Phone: _____	Fax: _____
Address: _____	City/State/Zip: _____	
Name: _____	Phone: _____	Fax: _____
Address: _____	City/State/Zip: _____	

Terms and Conditions:

Terms are Net 30 days unless otherwise stated on the invoice. Past due accounts will be assessed a service charge of 2% per month, or at a rate not to exceed lawful limits. All claims for errors or unsatisfactory stock must be made within 3 days of delivery, lest all consideration be waived. If collection action becomes necessary, the undersigned will become responsible for all collection and/or attorney's fees, all other related collection costs, and interest at a rate of 2% per month on all amounts due and payable. Customers with terms will get 5% off order if paying with cash or check **only** at time of pick-up or delivery

I/We have read, understand, and accept the terms listed above and have provided correct and true information to the best of my/our knowledge. I/We have also retained a copy of this agreement for my/our records. I/We further authorize PIERSON NURSERIES, INC. to verify any and all references I/we have given in order to determine our credit capabilities and to request relevant information from credit reporting agencies.

By our signatures, we Corporation Officers also herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm.

Individual: _____	Title: _____	Date: _____
Individual: _____	Title: _____	Date: _____
Individual: _____	Title: _____	Date: _____