



313 Waterhouse Rd • Dayton ME 04005
207-499-2994 • sales@piersonnurseries.com

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. If you have not purchased from us in the past, we require that the first few purchases be COD until we develop a relationship.

Company name: _____

Principal: _____ Federal Tax ID# : _____

Phone: _____ Cell: _____ Email: _____

Street Address: _____

Mailing Address: _____

How long at present location: _____ How long in business: _____

Type of Business (circle one): Corporation Proprietorship Partnership

Owner/officer name: _____

Home Address: _____

Owner/officer name: _____

Home Address: _____

Accounts payable contact: _____

PROFESSIONAL REFERENCES

Bank name: _____

Bank Address: _____

Contact name: _____ Phone: _____

Email: _____

Individual signature: _____ Title: _____ Date: _____



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TRADE REFERENCES

Company name: _____ Contact name: _____

Address: _____

Phone: _____ Email: _____

Company name: _____ Contact name: _____

Address: _____

Phone: _____ Email: _____

Company name: _____ Contact name: _____

Address: _____

Phone: _____ Email: _____

Company name: _____ Contact name: _____

Address: _____

Phone: _____ Email: _____

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 signature: _____ Title: _____ Date: _____

Individual signature: _____ Title: _____ Date: _____