

# APPLICATION FOR CREDIT

SUBMITTED BY:

NAME OF FIRM OR INDIVIDUAL

ADDRESS

YEARS AT ADDRESS

CITY

STATE

ZIP

AREA CODE - PHONE

HEREBY applies for credit in accordance with the terms and conditions of:

TO:

**Green Value Nursery**

8310 – 20<sup>th</sup> Avenue North  
Centerville, MN 55038

Credit Manager: Jenny Faffler  
Terms: Net 30 days

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP:

Corporation     Check here if incorporated within the past 12 months     Partnership     Individual

1. NAME(S) OF PRINCIPAL(S)                      COMPLETE ADDRESS                      ZIP                      PHONE

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

FINANCE:

BANK                      BANK ADDRESS

BANK OFFICER OR DEPARTMENT                      PHONE

REFERENCES:

1. BUSINESS NAME                      COMPLETE ADDRESS                      ZIP                      PHONE

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

CONFIRMATION:

Check here if cash sales are acceptable until credit is approved.

**I (We) certify that all the information on this form is correct. I (We) fully understand your credit terms and agree to the proper payment in consideration of extended credit.**

(Signed) \_\_\_\_\_ Date: \_\_\_\_\_

(Title) \_\_\_\_\_

VERIFICATION:

REFERENCES CHECKED BY

CREDIT APPROVED BY

REFERENCE RESULTS

CREDIT REFUSED BY

DATE