

APPLICATION FOR CREDIT WITH NORTHERN NURSERIES, INC.



Northern Nurseries Location: _____

The following information must be **COMPLETED IN FULL**, & will be held in strictest confidence.

PLEASE PRINT

Date of Application: _____

Cell Phone Area Code & Number

Legal Name of Firm or Individual

Number of Years in Business

Street Address

Area Code & Phone Number

City

State

Zip Code

Federal I.D. Number if Corp., or,
Social Security #

Mailing Address (if different from above)

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

OFFICERS / OWNERS NAME

TITLE

ADDRESS

OFFICERS / OWNERS NAME	TITLE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAXIMUM MONTHLY PURCHASES FROM NORTHERN NURSERIES: \$ _____

BANKING REFERENCES - - Please Include All Zip Codes and Area Codes

Bank Name

Contact

Area Code & Phone

Bank Address - - Street, City, State & Zip Code

Acct. Number or Tax ID Number

PLEASE PROVIDE A MINIMUM OF THREE SUPPLIER REFERENCES (Credit suppliers, i.e., Nursery Stock, Seed, Fertilizer, etc)

Credit Supplier	Address (City, State & Zip Code)	Phone: Fax:
		Phone: Fax:
		Phone: Fax:
		Phone: Fax:
		Phone: Fax:

SIGNATURE(S) REQUIRED ON REVERSE SIDE

THIS IS NOT CONSIDERED AN EXTENSION OF CREDIT UNLESS SIGNED AND DATED BY AN OFFICER OF NORTHERN NURSERIES, INC.

CREDIT TERMS:

- *Net invoice is due and payable in full 30 days from date of invoice.
- *A service charge of 2% per month (24% annual interest), or maximum allowable by state law, will be added to all monthly statements which include any remaining balances of invoices over 30 days old.
- *Any accounts overdue, including payment of service charges incurred, are subject to forfeiture of credit privileges.
- *All collections costs, court costs, and attorney's fees will be paid by the purchaser in the event an account is referred to an agent or attorney for collection.

APPLICANT'S SIGNATURE(S):

I have read, understand, and accept the above terms, should my application for credit be accepted by Northern Nurseries, Inc.

NOTE: If applicant is a corporation, signature of an officer is required.

X SIGNED: _____ DATE: _____
Social Security # _____

FIRM NAME: _____ TITLE: _____

IN THE CONSIDERATION OF THE EXTENSION OF CREDIT TO THE ABOVE APPLICANT, I HEREBY AGREE TO BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF ALL INVOICES CHARGED TO THE ABOVE APPLICANT:

X SIGNED: _____ DATE: _____
Social Security # _____

X SIGNED: _____ DATE: _____
Social Security # _____

DO NOT WRITE BELOW THIS LINE

Based upon the information furnished to us, we are extending you/your firm the privilege of a line of credit in accordance to the above agreed terms. Your line of credit is limited to \$ _____.

NORTHERN NURSERIES, INC. : _____

DATE: _____

NOTE: The term Northern Nurseries is intended to include Northern Nurseries, Inc., Northern Nurseries of New York, Inc., Northern Nurseries of Pennsylvania, Inc., Northern Nurseries of New Jersey, Inc., and Winfield Nursery, Inc., in any of the information or agreement contained in this document.

This form must be completed and submitted with your application for credit:

AUTHORIZATION FOR RELEASE OF INFORMATION FORM:

Bank Name & Branch

Bank Mailing Address

I, _____ of _____
(authorized person) (company name)

give my permission to release any or all information requested by Northern Nurseries, Inc., for a credit reference check.

OUR ACCOUNT NUMBER(S) ARE: _____

SIGNED: _____ DATE: _____

TITLE: _____