



Credit Account Application

Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Type: Sole Proprietor Partnership Corporation Years in Business: _____

Federal Tax ID Number: ___ - ___ - ___ - ___ - ___ - ___

Company Officers

Name: _____ Title: _____

Is his/her address same as above? Yes No (If not, please indicate below)

Address: _____ Phone: _____

Name: _____ Title: _____

Is his/her address same as above? Yes No (If not, please indicate below)

Address: _____ Phone: _____

Bank Reference(s)

Name	Address	Phone	Fax	Account #

Trade References

Name	Address	Phone	Fax	Contact Name

The above information is submitted for the purpose of establishing an open account, and I do hereby certify the information to be true. I authorize you to verify this information concerning my/our credit standing. In consideration of credit being extended, I/we acknowledge and agree to the following:

- 1. Payment is to be made within the terms stated on the invoice;
- 2. Any charges unpaid after 30 days may be increased by 1.5% per month;
- 3. Credit privileges may be withdrawn at any time in payment terms are not adhered to;
- 4. The undersigned unconditionally and irrevocably guarantees payment of all obligations of _____ to Johnson's Nursery, Inc. when due or at any time _____ become subject to bankruptcy or other insolvency proceedings, including the obligations arising out of credit previously granted or that Johnson's Nursery, Inc. may grant in the future.

Signature _____ Print Name _____ Date _____

Signature _____ Print Name _____ Date _____

OFFICE USE ONLY

Approved: _____ Declined: _____ Credit Limit: _____ Date: _____