



Your Local Nursery
Delavan, WI

Please fill out and send back to - arborvistanursery@gmail.com

Phone: (262) 728-6050 Fax: (262) 728-2107

UPDATED CREDIT TERMS

I/we hereby apply for credit in accordance with the terms and conditions set forth herein.

Company Information:

Company Name _____			
Address _____			
Phone _____	Fax _____	Fed EIN _____	Years in Business _____

Company Ownership:

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
Name of Principal _____	Address _____	Phone _____	

CREDIT TERMS: I understand if approved I will receive net 30 days. Past due accounts are subject to 2% charge per month and any collection costs associated. We fully understand these credit terms and agree to above in consideration of credit. We further understand that should our company not pay within 120 days, we will pay all costs associated with collection. Additionally our account will lose credit privileges. We authorize the above listed companies/banks to release credit information regarding our accounts. We certify that all the information on this form is correct.

Print Name & Title

Signature

Date