



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

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

CREDIT APPLICATION

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:

☐ Individual ☐ Partnership ☐ Corporation ☐ LLC

Name of Principal _____ Address _____ Phone _____

Bank Information

Bank _____ Address _____
Contact _____ Account Number _____ Phone _____ Fax _____

Business References

1. Business Name _____ Phone _____ Fax _____
Mailing Address _____
2. Business Name _____ Phone _____ Fax _____
Mailing Address _____
3. Business Name _____ Phone _____ Fax _____
Mailing address _____

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 _____