

# CAM TOO CAMELLIA NURSERY, INC

## COMPANY INFORMATION



Company \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

OWNER:: \_\_\_\_\_

Credit Limit Requested \$ \_\_\_\_\_ Purchase Order Required (Y/N) \_\_\_\_\_

State Sales Tax Exemption # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

RECEIVING HOURS: \_\_\_\_\_

ACCEPT DELIVERIES BY: Tractor Trailer (Y/N) \_\_\_\_\_ 24-FT Box Truck (Y/N) \_\_\_\_\_

### CREDIT APPLICATION

#### TRADE REFERENCES NEEDED TO APPLY FOR 30 DAY CREDIT TERMS

NAME \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

TERMS: The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the creditor to whom this application is made, to investigate the references listed pertaining to my/our credit and financial responsibility.

I/We, the undersigned, state that in making this request for credit, that I/we will assume all obligations for prompt payment and according to terms as shown on every invoice. I/we understand that all indebtedness is due and payable 30 days following delivery. All past due invoices are subject to a finance charge (equal to the maximum allowable by state law) on outstanding past due balances. I/We hereby authorized such a charge and agree to pay all finance charges the same as any other indebtedness. I/We hereby understand and agree that should it become necessary to place this account for collection I/we shall personally obligate myself/ourselves to pay all costs of collection, including collection agency fees, reasonable attorney's fees and costs/expenses of any legal proceedings.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed name of applicant – Title

\_\_\_\_\_  
(DATE)