CAMELLIA CAMELLIA NURSERY, INC COMPANY INFORMATION					
Company				•	
Phone ()	Fax ()	E	mail:		
PHYSICAL ADDRES	SS:				
City			State	Zip	
MAILING ADDRESS	:				
City			State	Zip	
OWNER::					
Credit Limit Requested \$ Purchase Order Required (Y/N)					
State Sales Tax Exemption #Federal Tax ID #Federal Tax ID #					
RECEIVI	NG HOURS:				
ACCEPT DELIVERIES BY: Tractor Trailer (Y/N) 24-FT Box Truck (Y/N)					
<b>CREDIT APPLICATION</b> TRADE REFERENCES NEEDED TO APPLY FOR 30 DAY CREDIT TERMS					
NAME			Phone No. ()		
Address		Cont	act Person		
	State				
	State				-
NAME			Phone No. ()		
Address		Cont	act Person		<del>.</del>
	State				
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