



3690 JUNIPER CREEK ROAD
QUINCY, FL 32351
P.O. BOX 160
GREENSBORO, FL 32330
FAX # 850-442-3492
TELEPHONE #850-442-6115

CREDIT APPLICATION

Name: _____

Physical Address: _____

Mailing Address: _____

Telephone No: _____ Fax No: _____

Type of Ownership: Sole proprietorship _____ Partnership _____ Corporation _____

Principals: Name Position Address

A) _____

B) _____

C) _____

Have you ever filed Bankruptcy? _____ If yes, when _____ Explain _____

Resale Tax ID No: _____

(copy of resale certificate must be attached or tax will be applied)

Number of Years at Present Location: _____ Years in Business _____

Requested Line of Credit from Hackney Nursery Co:\$ _____

Does your company require Purchase Order Numbers: _____

Principal Bank: _____

Address & phone no. _____

Account No: _____

Credit References:

(1) Name _____

Address: _____

Fax Number and Telephone Number: _____

(2) Name: _____

Address: _____

Fax Number and Telephone Number: _____

(3) Name: _____

Address: _____

Fax Number and Telephone Number: _____

With Credit Approval:

OUR TERMS ARE: Net 30 Days. A LATE CHARGE of 1-1/2% per month will be added on past due balances. If the account is referred for collection, customer agrees to pay all costs, including reasonable attorney fees. Customer acknowledges the above and further agrees that with regard to such late charges, applicant and The Hackney Nursery Co, are parties to a written contract.

Customer Signature: _____

Print Customer Name: _____

Title/Position: _____

Date: _____

The undersigned (whether one or more, the "GUARANTOR") individually, jointly, and unconditionally guarantees the prompt payment when due of all amounts owed by the applicant named above to Hackney Nursery Company.

Print Name: _____

Signature: _____

Social Security #: _____

Date: _____

Print Name: _____

Signature: _____

Social Security #: _____

Date: _____