



Credit Application

DATE: _____

Colesville Nursery, Inc. PO Box 208 Ashland, Va 23005 Phone (804)798-5472
Fax (804) 752-6722

FOR INTERNAL USE ONLY. PRIVATE AND CONFIDENTIAL!

BUSINESS INFORMATION

DESCRIPTION OF BUSINESS

NAME OF BUSINESS			NO. OF EMPLOYEES	CREDIT REQUESTED	TYPE OF BUSINESS
LEGAL (IF DIFFERENT)			IN BUSINESS SINCE	SALES VOLUME	
ADDRESS			BUSINESS STRUCTURE		
CITY			CORPORATION	PARTNERSHIP	PROPRIETORSHIP
STATE	ZIP	PHONE	DIVISION/SUBSIDIARY		
			NAME OF PARENT COMPANY		
			HOW LONG IN BUSINESS		

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

NAME :	TITLE:	ADDRESS:	PHONE:
NAME:	TITLE:	ADDRESS:	PHONE:

BANK REFERENCES

NAME OF BANK	NAME TO CONTACT
BRANCH	ADDRESS
CHECKING ACCOUNT NO.	TELEPHONE NUMBER

TRADE REFERENCES

FIRM NAME	ADDRESS	FAX NUMBER	PHONE

TERMS

ALL INFORMATION IN THIS SECTION MUST BE FILLED OUT

Applicant is hereby advised that our regularly stated terms are NET 30 days. Past due accounts will be assessed a service charge of 2% per month (24% A.P.R) or at a rate not to exceed lawful limits. All claims for errors or unsatisfactory stock must be reported upon receipt and confirmed by written memorandum within 5 days lest all consideration be waived.

The undersigned purchasers hereby agree that all amounts due for goods purchased from Colesville Nursery, Inc, are payable at P.O. Box 208, Ashland, Virginia 23005. Should it become necessary for Colesville Nursery to file suit to enforce payment of any charges, applicant agrees hereby that such suit may be brought in the State of Virginia, County of Hanover, at seller's option and seller shall be entitled to all expenses incurred including collection agent's and/or attorney's fees, court costs, and interest at the rate of 24% per annum on all amounts found to be due and payable.

CORPORATION OFFICERS HEREWITH ACKNOWLEDGE AND ASSUME PERSONAL RESPONSIBILITY FOR DEBTS INCURRED IN THE NAME OF THE FIRM:

Individual: _____ Date _____ Individual: _____ Date _____
Home address _____ Home address: _____

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE TERMS. I HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE, AND HAVE RETAINED A COPY OF THIS AGREEMENT. I FURTHER AUTHORIZE THE ABOVE CITED REFERENCES TO SUPPLY PERTINENT INFORMATION AS MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES.

X

SIGNATURE OF RESPONSIBLE OFFICER

SOCIAL SECURITY NUMBER

DATE