

PO Box 247 • Allentown, New Jersey 08501

Tel: 609.259.8585 • Fax: 609.259.6044

Application for Credit

Please allow 4-6 weeks for processing

Legai Name & DBA:			
Billing Address:			
	City:	State:	Zip:
Shipping Address:			
	City:	State:	Zip:
Phone:	Fax:	Email:	
Date Business established:	Federal Tax ID#:		
(Please Check One) Corporation Partners	ship Proprietorship	☐ Individual	LLC
Business Type:	inp u rophetorship	- Individual	
Are your purchases Yes Taxable?	No Tax Exempt # If exempt please include		
Names of Principals/Owners	Title	Phone	
1.			
2.			
Amount of Credit Requested:			
Accounts Payable Contact Perso	n:		
Phone:	Fax:		
Do You require PO's? Yes □	No Annual Sales:		
Name of Bank:	Account #:		
Address:			
Bank Contact:	Contact Phone	e #:	
Fax #:			
Industry Trade References (Name	, Address, Contact, Phone, Fax)		
	Contact:		
Phone:	Fax:		
2.			
	Contact:		
Phone:	Fax:		
3.			
	Contact:		
Phone:	Fax:		



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Terms: Net 30 days from date of invoice. 1.5% per month finance charge will be charged on all past due balances. Failure to pay finance charge can result in loss of credit. Applicant agrees to pay any and all collection fees incurred to collect any outstanding balance, including attorney's fees and costs. We reserve the right to terminate this agreement at any time.

The undersigned authorizes Pleasant Run Nursery, Inc. to collect credit information from trade references above.

The undersigned authorizes his/her bank to release necessary account information for credit worthiness verification.

I personally guarantee the payment of any obligation due to Pleasant Run Nursery, Inc., by extension of the credit requested in this application. Further, I have read this entire document, understand its terms and conditions, and agree to be bound by its provisions. In dispute this document will be covered by the laws of the State of New Jersey.

(Signature of Guarantor) (Must be an owner, partner, member or corporate officer)	(Position)	(Date of Application)
(Printed Name)		