



Martin's Nursery Inc.
2700 Snow Road ▪ Semmes, AL 36575
(251) 649-0104 ▪ Fax: (251) 649-0169
www.martinsnursery.com
mail@martinsnursery.com

APPLICATION FOR CREDIT

Company Name and Address:

Name of Owner: _____

Federal Tax ID #: _____

State Tax #: _____

Phone #: () _____

Fax #: () _____

Email: _____

Year Present Ownership Established: _____

BANKING AND TRADE REFERENCES

Bank Name and Address:

Phone #: () _____

Account #: _____

Contact Name: _____

1. Company Name and Address:

Phone #: () _____

Fax #: () _____

2. Company Name and Address:

Phone #: () _____

Fax #: () _____

3. Company Name and Address:

Phone #: () _____

Fax #: () _____

Customer herein attests that it agrees to pay all accordance with the following terms, and does herein acknowledge that Martin's Nursery, Inc. does rely on such agreements by customer in having goods shipped upon request: All sums are due and owing immediately upon 30 days after date of invoice. Any amount not paid on or before thirty (30) days from the date of invoice shall be subject to a finance charge of one and onehalf percent per month (an annual percentage rate of eighteen (18) percent until paid in full. Customer further acknowledges that the customer shall pay all cost and expenses involved with enforcing this agreement. Applicant's signature attests financial responsibility, ability and willingness to pay our invoice in accordance with the above terms.

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCE LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

Signature: _____

Date: _____

Name (Print): _____