

Martin's Nursery, Inc

2700 Snow Road

Semmes, AL 36575

Phone: (251) 649-0104

Fax: (251) 649-0169

Application for Credit

Name: _____
Street Address: _____
City: _____ **State:** _____
Zip: _____ **Telephone:** () - _____
Name of Owner: _____ **Email:** _____
Federal ID #: _____ **State Tax #:** _____

Trade References

1. Company Name: _____
Address: _____
City: _____ **State:** _____
Telephone: () - _____ **Zip:** _____
Fax: () - _____

2. Company Name: _____
Address: _____
City: _____ **State:** _____
Telephone: () - _____ **Zip:** _____
Fax: () - _____

3. Company Name: _____
Address: _____
City: _____ **State:** _____
Telephone: () - _____ **Zip:** _____
Fax: () - _____

Banking Refernces

Name of Bank: _____
Address: _____
Telephone: () - _____
Contact: _____
Account Number: _____

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 one-half 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): _____ **Time:** _____