



334 Dundas St. W.
R.R. #2, Dundas, ON
L9H 5E2

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Credit Application

*Indicates a required field.

Contact Information:

Company Name*: _____
 Contact Name*: _____
 Address*: _____

 City*: _____
 Province*: _____
 Postal Code*: _____
 Phone #*: (____) - ____ - ____
 Fax #: _____ - _____ - _____
 E-mail Address: _____
 Website: _____

Business Information:

Legal Status (Check One):
 Sole Proprietorship
 Partnership
 Corporation

Business Type (e.g. Retail, Landscape): _____

Officer/Owner Names	Title	Age	Residence Address	Residence Phone #
_____ _____	_____ _____	_____ _____	_____ _____	(____) - ____ - _____
_____ _____	_____ _____	_____ _____	_____ _____	(____) - ____ - _____
_____ _____	_____ _____	_____ _____	_____ _____	(____) - ____ - _____

Bank References:

Name and Branch: _____

Address: _____

Bank Phone #:(_____) - ____ - ____

Checking Acct. #: _____

Savings Acct. #: _____

Credit Amount Requested: _____

Trade References:

Company	Name	Phone #
_____	_____	(_____) - ____ - ____
_____	_____	
_____	_____	(_____) - ____ - ____
_____	_____	
_____	_____	(_____) - ____ - ____
_____	_____	

Terms:

Applicant is hereby advised that our regularly stated terms are 30 days net. Past due accounts will be assessed a service charge of 1% per month 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.

ADDITIONAL PROVISIONS OF OUR COMPANY INCLUDE:

- I have read, understood and accept the above terms, have provided true information to the best of my knowledge, and have retained a copy of this agreement for my records. I further authorize the above cited references to supply pertinent information as may be required to determine our credit capabilities.*

Signature of Applicant*: _____

Date*: _____