



**Fourth Corner
Nurseries**

Fourth Corner Nurseries

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Bellingham, WA 98226

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WEB http://fourthcornernurseries.com

CREDIT APPLICATION

NAME OF BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (if different from above) _____

PHONE _____ FAX _____ E-MAIL _____

FEDERAL ID# _____ YEARS IN BUSINESS _____

IF YOU'RE A WASHINGTON STATE RESIDENT AND ARE TAX EXEMPT PLEASE ATTACH A WASHINGTON STATE SALE TAX EXEMPTION CERTIFICATE TO THIS APPLICATION.

TYPE: CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____ LLC _____

IF A CORPORATION OR A PARTNERSHIP, PLEASE LIST NAMES, PHONE NUMBERS AND RESIDENCE ADDRESSES FOR ALL PARTNERS, OFFICERS, AND SHAREHOLDERS. IF NECESSARY, USE A SEPARATE SHEET.

1. NAME _____ POSITION _____

ADDRESS _____

PHONE _____ E-MAIL _____

2. NAME _____ POSITION _____

ADDRESS _____

PHONE _____ E-MAIL _____

THREE TRADE REFERENCES (must be nursery related)

1. NAME _____ CONTACT _____

ADDRESS _____

PHONE _____ ACCOUNT # _____

2. NAME _____ CONTACT _____

ADDRESS _____

PHONE _____ ACCOUNT # _____

3. NAME _____ CONTACT _____
ADDRESS _____
PHONE _____ ACCOUNT # _____

BANK INFORMATION

NAME _____ CHECKING ACCOUNT # _____
ADDRESS _____ SAVINGS ACCOUNT # _____
CITY _____ STATE _____ ZIP _____
PHONE _____ CONTACT NAME _____

I understand, and agree with the following conditions:

I expressly authorize Fourth Corner Nurseries to inquire into my credit and banking references as disclosed on this application.

I understand that if approved the Terms of my account are net 30 days. A twenty five percent (25%) deposit is needed to secure an order. Past due accounts will be assessed a service charge of 1.5% per month at a rate allowed by local laws and necessary to cover related costs.

In the event that my account becomes past due, I agree to pay all attorney or collection agency fees and any other cost (without limitation) associated with the collect of my past due account.

The undersigned applicant certifies that the information given is correct and complete.

AUTHORIZED SIGNATURE _____

TITLE _____ DATE _____

PLEASE NOTE: All information contained in this application is confidential and subject to the terms agreed upon.

Applications usually take two weeks to review.

If approved, a maximum credit limited will be established based on your past purchases. New customer credit limits will be no greater than \$1000 unless otherwise negotiated.