



## **Credit Application Instructions**

Fill out the form completely, including all four credit references.

Call/contact each of your credit references to:

1. Notify them of your desire to establish credit with Angelica Nurseries, Inc. and that you hereby authorize their company to provide your business's credit information to Angelica when a representative contacts them.
2. Ask them for the name, email and fax number of the person responsible for providing your business credit information to Angelica Nurseries, Inc. and write it down on the credit application form in the spaces provided.

Your credit references have a business relationship with you and may even know you personally. By reaching out to them first and letting them know your desire to establish credit with us, it will help them to be more comfortable in sharing your credit history with us and will speed up the credit establishment process.

Please mail your completed, signed application to:

Angelica Nurseries, Inc.  
ATTN: Accounts Receivable  
11129 Locust Grove Road  
Kennedyville, MD 21645

You may also fax or email the completed, signed form to give us a quick start processing your application, but we will need the signed original returned to us to finalize the process.

If you have any questions, please don't hesitate to reach out to us.

Thank you,

Angelica Nurseries, Inc.

# CREDIT APPLICATION



Name (D.B.A., "doing business as", or trade name)	
Mailing Address	
City, State, ZIP Code	
Business Phone Number	Business Fax Number

Legal Name (if different from D.B.A. name)
Street Address (if different from mailing address)
City, State, ZIP Code

Corporation      Partnership      Sole Proprietorship

Under laws of which state?      Year Established:

Chief Executive Office, General Partner or Proprietor
Chief Financial Officer (if different from above)
Principal Buyer (if different from above)

Amount of credit requested, in increments of \$5,000.00

## ACKNOWLEDGEMENT OF TERMS

I hereby authorize employees of Angelica Nurseries, Inc. to obtain financial and credit information related to my company's application for credit, and hereby release solicitors and suppliers of that information from any and all liability in connection therewith.

If Angelica grants credit, I understand that payments are due within thirty (30) days of invoice date. I agree to pay interest and delinquency charges of two percent (2%) per month on amounts not paid within thirty (30) days, which is the equivalent to a twenty-four percent (24%) annual rate. I also agree to pay reasonable attorneys' fees and any other costs incurred by Angelica to collect past due amounts.

Signature of Officer, Partner or Proprietor	
Printed Name of Signer	
Title of Signer	Date

Witness Signature
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**Please note:** While a fax or email will give us a quick start processing your application, we need the signed original returned to us.

## BANK REFERENCE

Name	
Mailing Address	
City, State, ZIP Code	
Phone Number	Fax Number
Account Number	Principal Contact

## CREDIT REFERENCES (Please complete all four)

Name	
Mailing Address	
City, State, ZIP Code	
Phone Number	Fax Number
Email	

Name	
Mailing Address	
City, State, ZIP Code	
Phone Number	Fax Number
Email	

Name	
Mailing Address	
City, State, ZIP Code	
Phone Number	Fax Number
Email	

Name	
Mailing Address	
City, State, ZIP Code	
Phone Number	Fax Number
Email	