



1601 5th Street S.E.; P.O. Box 708
Waseca, Minnesota 56093-0708

Phone: 888-855-8750
507-835-5033
Fax: 888-735-4531
507-835-8772

CREDIT APPLICATION

Customer # _____

Company Name: _____ Fed. Tax ID: _____
or Social Security Number

Contact: _____ Sales Tax ID: _____

Mailing Address: _____ Phone: _____
_____ Fax: _____

Briefly describe your business: _____

Type of Organization: Corporation LLC Partnership Proprietorship Other: _____

List names of officers and/or owners: _____ Years in this business: _____

Name/Title	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Trade References:

Company Name: _____ Phone: _____ Fax #: _____

Mailing Address: _____ Contact: _____

Company Name: _____ Phone: _____ Fax #: _____

Mailing Address: _____ Contact: _____

Company Name: _____ Phone: _____ Fax #: _____

Mailing Address: _____ Contact: _____

Bank Name: _____ Phone: _____ Account #: _____

Mailing Address: _____ Contact: _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with terms specified, that all information is correct and that we have read and understand the contents of this application.

We agree that a finance charge at the maximum rate allowed by law will be paid to Shady Oaks Nursery, LLC on any indebtedness not paid according to the terms as shown on the invoice or other evidence of indebtedness. We the undersigned, agree to pay these charges which shall begin the day after the indebtedness becomes due and shall continue until the indebtedness is paid in full. We also agree that a partial payment shall be applied to any unpaid finance charges first and the balance of the partial payment then applied to the oldest remaining indebtedness.

We authorize the above listed references to release our credit history to Shady Oaks Nursery, LLC.

If any indebtedness is placed in the hands of an attorney for collection or is collected by suit or by a collection agency or through probate or bankruptcy proceedings, the Undersigned agrees to pay costs plus the actual amount of attorney fees and collection costs.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____