Pacific Nurseries.

Confidential Credit Application

2499 Hillside Boulevard
Colma, CA 94014-2882

Phone 650-755-2330
Fax 650-756-1982

We welcome your interest in doing business with our company. For your convenience and to serve you more completely, we encourage establishment of an open account. All information submitted will be held in strictest confidence and used solely to determine your line of credit. It is not mandatory that all items be completed. However, the greater your participation, the quicker your application can be acted upon (allow a minimum of two weeks for processing).

Firm Name _____ Owner Contact _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Other _____

Legal Status ☐ Proprietorship ☐ Partnership ☐ Incorporated (in State of) _____ Year _____

At Present Location Since _____ ☐ Owned ☐ Leased From _____

Nature of Business (i.e. Retail, Landscape, etc.) _____

Name of Parent Company if Subsidiary _____

Resale Number (If applicable)

BUSINESS REFERENCES

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

BANK REFERENCES

Name & Branch _____ Phone _____

Address _____ City _____ State _____ Zip _____

Office/Dept. _____ Checking Acct. No. _____

Savings Acct. No. _____ Loan No. _____

TERMS payment is due Net 30 days from ship date. A service charge of 1.5 % per month will be made on all amounts over 30 days. A fee of $25.00 shall be charged for all dishonored checks. Customer will be responsible for attorney's fees, court costs and post-judgement service charges. Customer's signature on any part of any invoice attests acceptance of agreement, financial responsibility, ability and willingness to pay Pacific Nurseries' invoices in accordance to our Terms and Conditions. In the event this account becomes delinquent, all written and verbal communications will be an attempt to collect the debt and any information will be used for that purpose.

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE TERMS, AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE THE ABOVE CITED REFERENCES TO SUPPLY INFORMATION AS MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES.

Applicant _____ _____ _____

Signature & Title of Responsible Officer | Social Security or Tax ID Number | Date

Acceptance by Pacific Nurseries _____ _____

Signature | Date

CORPORATION OFFICERS, PARTNER, OR PROPRIETORS HEREWITH ACKNOWLEDGE AND ASSUME PERSONAL RESPONSIBILITY FOR DEBTS INCURRED IN THE NAME OF THE FIRM.

_____ _____ _____ _____

Signature | Date | Signature | Date