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NURSERYMAN'S CREDIT EXCHANGE MEMBER

ADDRESSES MUST BE COMPLETE WITH POSTAL CODES OR WE WILL BE UNABLE TO PROCESS THE APPLICATION

REGISTERED/LEGAL NAME OF
BUSINESS IN FULL: _____

COMPLETE MAILING ADDRESS:

STREET AND NO. _____

TOWN _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE NUMBERS:

BUSINESS _____ HOME _____ FAX _____

CONTACTS: RE SALES _____ RE PAYMENTS _____

TYPE OF BUSINESS: PROPRIETORSHIP _____ PARTNERSHIP _____ INC. _____

AGE OF BUSINESS _____ LENGTH AT PRESENT ADDRESS _____

IS PROPERTY: OWNED _____ LEASED _____

OWNERS OR PRINCIPAL OFFICERS

NAME	TITLE	ADDRESS

APPROXIMATE MONTHLY CREDIT REQUIRED: _____

ARE PERSONAL GUARANTEES AVAILABLE: YES _____ NO _____

CREDIT REFERENCES (TRADE RELATED) PST # _____

NAME	COMPLETE ADDRESS	PHONE/FAX #'S
1. _____		
2. _____		
3. _____		

NAME OF YOUR BANK _____ ACCOUNT # _____

COMPLETE ADDRESS _____ PHONE # _____

MAXIMUM BANK LINE OF CREDIT _____

AGREEMENT: IF CREDIT IS GRANTED, AS REQUESTED, IT IS HEREBY UNDERSTOOD AND AGREED BY THE APPLICANT THAT TERMS AND CONDITIONS OF SALE ARE STRICTLY AS SET OUT IN THE WHOLESALE PRICE LIST OF THE ABOVE CAPTIONED COMPANY. I/WE HEREBY AUTHORIZE THE SUPPLIERS AND BANK SHOWN TO SUPPLY THE ABOVE CAPTIONED COMPANY WITH CREDIT AND FINANCIAL INFORMATION AS REQUESTED.

SIGNATURE
AUTHORIZED OFFICIAL _____ TITLE _____ DATE _____
PRINT NAME _____