



SMITH'S NURSERY, INC.

443 Sanders Rd. Benson, NC 27504

Phone: 919-934-1700 • Fax: 919-934-2055

Application for Credit Account

Business Name: _____

Business Address: _____

Telephone: _____

Fax: _____

Mobile: _____

Proprietorship: ____ **Corporation:** ____ **Partnership:** ____

Year Present Owner Established: _____

Federal Tax ID No.: _____

Estimated required 30-day credit amount: \$ _____

Bank References: _____

Name: _____

Address: _____

Contact person: _____

Telephone: _____

Account Type and Number: _____

Corporate officers, partners or proprietors herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm. The consideration for the guarantee is the continued extension of credit to the firm by this creditor. Applicant hereby agrees to pay late charges of 1-1/2% per month on all accounts outstanding more than thirty days. Applicant agrees to pay all costs incurred during the collection process, including attorney fees, and/or court costs incurred by Smith's Nursery. Applicant further agrees that if suit is necessary that such suit may be brought in Johnston County, North Carolina.

Individual Date: _____

Home address

Officer, Partner or Owner Date: _____

Home address



SMITH'S NURSERY, INC.

443 Sanders Rd. Benson, NC 27504

Phone: 919-934-1700 • Fax: 919-934-2055

References:

1. **Name:** _____
Address: _____

Contact Name: _____
Telephone: _____
Fax: _____

2. **Name:** _____
Address: _____

Contact Name: _____
Telephone: _____
Fax: _____

3. **Name:** _____
Address: _____

Contact Name: _____
Telephone: _____
Fax: _____

1. **Name:** _____
Address: _____

Contact Name: _____
Telephone: _____
Fax: _____