



BUSINESS CREDIT APPLICATION

A. General Business Information

Company Name _____ Type of Business _____ Phone # _____ Fax # _____

Billing Address _____ Shipping Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Type of Ownership: Corporation Partnership Sole Proprietor Years in business _____

Federal ID # (if incorporated): _____ Tax Exempt #: _____ Resale Permit #: _____
(Attach copy of tax exemption or resale certificate to application)

Estimated monthly purchase volume from Kipps Nursery: _____

B. Owner or Officer Information

Full Name (including middle initial) _____ Title _____ Social Security # _____

C. Bank References

Bank Name _____ Complete Address _____ Checking Account # _____ Phone # _____

D. Business Credit References (Other than bank and credit cards)

1. Company Name _____ Complete Address _____ Account # _____ Phone # _____

2. Company Name _____ Complete Address _____ Account # _____ Phone # _____

E. Credit Agreement

Applicant certifies that the above information is true and correct. Applicant also affirms 1) ability and willingness to pay invoices in accordance to published terms, 2) willingness to pay all costs (including litigation) incurred by Kipps Nursery associated with collections of this account and 3) that authorization has been granted to Kipps Nursery to contact the above references as well as any credit reporting services or other services in determining whether to extend credit to this applicant.

Authorized Signature _____ Title _____ Date _____

Account Approved by: _____ Date: _____