



(512) 328-2004 Business Office (512) 276-9978 Business Fax accounting@nativetx.com

## **Credit Application**

Firm Name:	Date:		
Phone #	Email	Fax#	
Billing Address			
Physical Address			
A/P Name:	A/P Email: *		
Nature of business:	Years in business:		
Is the business a:	☐ Corporation?	☐ Partnership?	☐ Sole proprietorship?
Is the business:	☐ Taxable?	**Non-Taxable	**? ID # s & Use Resale Certificate for NON-TAXABLE**)
List <b>five (5) firms</b> wher Firm Name			
1)			
2)			
3)			
<u>4)</u> <u>5</u> )			
for the purpose of obtaining accordingly. I FURTHER UNDER DATE OF INVOICE AND THAT revocation of my credit accand are signed by the application of the application of the application. All items are dupost due after reasonable	business credit from that for the ERSTAND THAT ALL ACCOUNT NO STATEMENTS WILL BE SCOUNT. Any special payment cant, and a corporate office as 30 days past due will be and payable in Travis a notice is given, the apper, to include reasonable	firm and that I am authors AND MONIES ARE DUE SENT. My failure to mant arrangements made or of Native Texas Nursus charged a finance of County, Texas. In the licant agrees to be lice.	s Nursery on this credit application is prized, in my capacity, to bind my firm AND PAYABLE 30 DAYS FOLLOWING THE ke timely payments will result in the are clearly stated on this application ery, Inc. There is a \$50.00 fee for all charge of 1.5% per month (18% per e event that the account becomes able for all collection fees incurred buld said account be given to an
Personal Guarantee: In coindebtedness hereunder. I notice of the indebtedness The terms may be rearrang date of notification of a past	nsideration of credit being further agree that this gua or any extension of credit ged, extended, and/or rene due account, pay the amo	aranty is an absolute, or already or hereafter conwed without notice to rount due.	named firm I personally guarantee all complete and continuing one and no ontracted or extended need be given. ne. I will, within five (5) days from the
INCUR DEBT FOR THE CORPORATION	I AND WITH FULL AWARENESS AND	UNDERSTANDING OF ASSUM	
Signature:	T BE of an Owner, Partner, or Corpo	D	ate:
Printed Name:			