

(512) 276-9801 Nursery (512) 276-9820 Nursery Fax sales@nativetx.com (512) 328-2004 Accounting Office accounting@nativetx.com

Credit Application

Firm Name:	Date:			
Phone #	Email	Fax	#	
Billing Address				
Physical Address				
A/P Name:	<u> </u>	A/P Email:	*	
Nature of business:			Years in business:	
Is the business a:	☐ Corporation?	☐ Partnership?	☐ Sole proprietorship?	
Is the business:	☐ Taxable?	**Non-Taxable	e**? ID #	
List five (5) firms when	e you have an <u>established</u>		& Use Resule Certificate for NON-TAXABLE ***)	
Firm Name	Em	ail Address	<u>Fax #</u>	
2)				
purpose of obtaining business FURTHER UNDERSTAND THAT AND THAT <u>NO STATEMENTS</u> account. Any special payment corporate officer of Native Twill be charged a finance County, Texas. In the even be liable for all collection	ss credit from that firm and the fall Accounts and Monies will be SENT. My failure to at arrangements made are cleas Texas Nursery, Inc. There is a charge of 1.5% per month that the account becomes p	at I am authorized, in m ARE DUE AND PAYABLE 3 make timely payments on this applicant a \$50.00 fee for all return (18% per annum). All past due after reasonables Nursery, to include	ursery on this credit application is for the capacity, to bind my firm accordingly. 30 DAYS FOLLOWING THE DATE OF INVOICE will result in the revocation of my credition and are signed by the applicant, and a rned checks. Accounts 30 days past due items are due and payable in Traville notice is given, the applicant agrees to reasonable attorney's fees, should said	
indebtedness hereunder. I fu indebtedness or any extensi	orther agree that this guaranty ion of credit already or here renewed without notice to me	is an absolute, complete eafter contracted or exte	e named firm I personally guarantee all e and continuing one and no notice of the ended need be given. The terms may be days from the date of notification of a pas	
INCUR DEBT FOR THE CORPORATION	ON AND WITH FULL AWARENESS AN	D UNDERSTANDING OF ASSUM	R OF THE CORPORATION WITH THE AUTHORITY TO MPTION OF PERSONAL LIABILITY. Amount Requested? \$	
Signature:	n Owner, Partner, or Corporate Offic	I	Date:	
Signature MUST BE of a Printed Name:	n Owner, Partner, or Corporate Offic	ær Title:		