



**NATIVE TEXAS  
NURSERY**  
16019 Milo Road  
Austin, Texas 78725

(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: \_\_\_\_\_ A/P Email: \_\_\_\_\_ \*

Nature of business: \_\_\_\_\_ Years in business: \_\_\_\_\_

Is the business :  Corporation?  Partnership?  Sole proprietorship?

Is the business:  Taxable?  **\*\*Non-Taxable\*\***? ID # \_\_\_\_\_

(\*\*MUST attach Texas Sales & Use Resale Certificate for NON-TAXABLE\*\*)

List **five (5) firms** where you have an *established* credit account:

**Firm Name**

**Email Address**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

**Terms of Credit:** I understand that the information furnished to Native Texas Nursery on this credit application is for the purpose of obtaining business credit from that firm and that I am authorized, in my capacity, to bind my firm accordingly. I FURTHER UNDERSTAND THAT ALL ACCOUNTS AND MONIES ARE DUE AND PAYABLE 30 DAYS FOLLOWING THE DATE OF INVOICE . My failure to make timely payments will result in the revocation of my credit account. Any special payment arrangements made are clearly stated on this application and are signed by the applicant, and a corporate officer of Native Texas Nursery, Inc. **There is a \$50.00 fee for all returned checks. Accounts 30 days past due will be charged a finance charge of 1.5% per month (18% per annum). All items are due and payable in Travis County, Texas. In the event that the account becomes past due after reasonable notice is given, the applicant agrees to be liable for all collection fees incurred by Native Texas Nursery, to include reasonable attorney's fees, should said account be given to an attorney/collection agency for collections.**

**Personal Guarantee:** In consideration of credit being extended to the above named firm I personally guarantee all indebtedness hereunder. I further agree that this guaranty is an absolute, complete and continuing one and no notice of the indebtedness or any extension of credit already or hereafter contracted or extended need be given. The terms may be rearranged, extended, and/or renewed without notice to me. I will, within five (5) days from the date of notification of a past due account, pay the amount due.

**IF THE APPLICANT IS A CORPORATION, THIS CREDIT APPLICATION MUST BE SIGNED BY AN OFFICER OF THE CORPORATION WITH THE AUTHORITY TO INCUR DEBT FOR THE CORPORATION AND WITH FULL AWARENESS AND UNDERSTANDING OF ASSUMPTION OF PERSONAL LIABILITY.**

What is your anticipated monthly dollar volume with us? \$\_\_\_\_\_ Amount Requested? \$\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature MUST BE of an Owner, Partner, or Corporate Officer

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

*You may return this via fax, email or USPS.*

*Please note: application process can take up to 2 weeks*