



***Bentwood
Nursery***

6610 Carl Polk Rd
Monroe, NC 28110

Ph: 866.356.4124
Fax: 704.238.9760

Credit Application

Firm Name: _____

Address: _____

Phone: _____ Fax: _____

Type of Business: Proprietorship: () Partnership: () Corporation: ()

Officer's Name: _____ Title: _____

Banking Information:

Bank: _____

Address: _____

Phone #: _____

Fax #: _____

Gross Yearly Sales: _____

Amount of credit desired: _____

Account #: _____ Account Manager: _____

Do you have an established line of Bank Credit? Yes or No (Circle One)

Trade References (Name, Address, Phone, Fax) One plant supplier.

1. Company: _____ 3. Company: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Fax #: _____ Fax #: _____

2. Company: _____ 4. Company: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Fax #: _____ Fax #: _____

Terms: Net 30 days from date of invoice.

Service Charges: A service charge of 1.5% per month will be added to any balance more than 30 days old. Accounts past due 60 days, terms are cash only.

Applicant agrees to pay any collection cost incurred to collect outstanding invoice(s) plus interest.

I have read and understood this agreement. By signing this statement, I agree to comply with the terms herein.

Officers Signature: _____ Date: _____

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