

Tom DeSanto Greenhouses
PO Box 1280
20002 SE 456th Way
Enumclaw, WA 98022
360.825.1961

CREDIT APPLICATION

(PLEASE TYPE OR PRINT CLEARLY)

FIRM NAME: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE, FAX NUMBER: (____) ____-____ (____) ____-____

ACCOUNTS PAYABLE
CONTACT: _____

FIRM IS: SOLEPROPRIETOR: ____ PARTNERSHIP: ____ CORPORATION: ____

STATE OF INCORPORATION: _____

PARENT COMPANY: _____

OWNERS or COMPANY OFFICIALS:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

TYPE OF BUSINESS: _____

YEARS IN BUSINESS UNDER
PRESENT OWNERS: _____

HAVE YOU EVER FILED BANKRUPTCY OR HAD A JUDGEMENT AGAINST: (EXPLAIN)

IMPORTANT
THIS INFORMATION MUST BE COMPLETED AND SIGNED BY THE
APPLICANT BEFORE CREDIT IS INVESTIGATED:

REFERENCES:

BANK:

NAME: _____ OFFICER: _____

ADDRESS: _____ CITY, STATE: _____

PHONE: (____) ____-_____

Company:

1. NAME: _____ PHONE, FAX #: _____

ADDRESS: _____

2. NAME: _____ PHONE, FAX #: _____

ADDRESS: _____

3. NAME: _____ PHONE, FAX #: _____

ADDRESS: _____

4. NAME: _____ PHONE, FAX #: _____

ADDRESS: _____

CREDIT TERMS

No statements sent please pay off invoice net 30. Finance Charges - 1.5% monthly 18% APR.

Please fax to 360.825.3940 or email to cdesanto@skynetbb.com

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PERSONAL GUARNTTEE

IN CONSIDERATION FOR AN OPEN CHARGE ACCOUNT WITH COUNTRY FARM AND GARDEN
INC THE UNDERSIGNED HAS CORPORATE AUTHORITY AND PERSONALLY GUARENTEES
PAYMENT FOR ANY AND ALL INDEBTEDNESS INCURRED BY:

CORPORATE NAME: _____

ADDRESS _____

CITY, STATE ZIP _____

(Name, Date, Title)

RESIDENT ADDRESS _____

CITY, STATE ZIP _____

(Signature)