

CHERRY SPRINGS NURSERY
PO BOX 8155 McMinnville, TN 37111
800 438 8574 FAX 931 939 4890

Info@cherryspringsnursery.com

APPLICATION FOR CREDIT

Business Name _____

Mailing Address _____

Street Address (if different) _____

City, State, Zip _____

Telephone _____ Fax _____

Resale No. _____

Complete One:

Corporation – Officers _____

Partnership – Partners _____

Proprietor - _____

Years in business _____

Location owned ____ Leased ____

Bank: _____

Bank Address: _____ City, State, Zip: _____

Contact Person: _____ Phone # _____

REFERENCES:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____

Note: We comply with ALL privacy rights and acts. This information will be used for the express purpose of qualifying the applicant for terms of sale, and to determine a line of credit with CHERRY SPRINGS NURSERY. The greater your cooperation, the quicker you application can be processed. For your protection as well as ours, your signature is required (line 2 below).

Corporation officers, partners, or proprietors herewith acknowledge and assume personal responsibility for debts incurred in the name of applicant:

Line 1: _____ Date _____

CREDIT TERMS: Applicant hereby agrees to pay service charge of 1.5% per month or the amount owed by law in your state on all overdue accounts. Should it become necessary to file suit to enforce payment, applicant agrees that suit will be filed in Chancery Court, Warren County, Tennessee at the sellers option and the seller will be entitled collect from applicant court costs, attorney fees, and interest at the maximum rate allowed on all amounts found to be due and payable.

AGREEMENT: I hereby certify the foregoing to be true to the best of my knowledge and agree to abide by the terms set forth herein.

Line 2: _____ Date _____