JOHNSON'S NURSERY INC™

WHOLESALE & CONTRACTOR SALES
W180 N6275 Marcy Road. Menomonee Falls, WI 53051
p. 262.252.4980 ❧ www.johnsonsnursery.com

Credit Account Application

Company Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Business Type: ☐ Sole Proprietor ☐ Partnership ☐ Corporation Years in Business: _____

Federal Tax ID Number: ___ ___ - ___ ___ ___ ___ ___ ___ ___

Company Officers

Name: _____ Title: _____

Is his/her address same as above? ☐ Yes ☐ No (If not, please indicate below)

Address: _____ Phone: _____

Name: _____ Title: _____

Is his/her address same as above? ☐ Yes ☐ No (If not, please indicate below)

Address: _____ Phone: _____

Bank Reference(s) **contact email must be present to process application*

Name	Address	Contact Email	Account #
Name	Address	Contact Email	Account #

Trade References **contact email must be present to process application*

Name	Address	Contact Email	Contact Name
Name	Address	Contact Email	Contact Name
Name	Address	Contact Email	Contact Name

The above information is submitted for the purpose of establishing an open account, and I do herby certify the information to be true. I authorize you to verify this information concerning my/our credit standing. In consideration of credit being extended, I/we acknowledge and agree to the following:
1. Payment is to be made within the terms stated on the invoice;
2. Any charges unpaid after 30 days may be increased by 1.5% per month;
3. Credit privileges may be withdrawn at any time in payment terms are not adhered to;
4. The undersigned unconditionally and irrevocably guarantees payment of all obligations of _____ to Johnson's Nursery, Inc. when due or at any time _____ become subject to bankruptcy or other insolvency proceedings, including the obligations arising our of credit prebiously granted or that Johnson's Nursery, Inc. may grant in the future.

Signature	Print Name	Date
Signature	Print Name	Date

OFFICE USE ONLY

Approved: _____ Declined: _____ Credit Limit: _____ Date: _____