

**AUTHORIZATION TO RELEASE CREDIT INFORMATION**

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your interest in establishing credit with our company. Enclosed is an authorization to release information.

Please sign the agreement below and complete the enclosed form. The enclosed form is a necessary document to complete your application. Upon receipt we will contact your credit and bank references. Then we will contact you regarding your credit terms with our company.

*Tracy Laumer*

CFO

**AUTHORIZATION**

I/We authorize the investigation of my/our firm , \_\_\_\_\_ and its related credit information. I/We have been requested to provide information to Johnson's Nursery, Inc. for their use in reviewing our creditworthiness.

I/We authorize the release of any and all information obtained during this credit search. I/We release any and all claims and liabilities against any and all parties involved with regards to the release of this information.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Please keep a copy for your future reference. Thank you.

## 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 hereby 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 out of credit previously granted or that Johnson's Nursery, Inc. may grant in the future.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

<b>OFFICE USE ONLY</b>			
Approved: _____	Declined: _____	Credit Limit: _____	Date: _____