

Willowbend Nursery, LLC
4654 Davis Road
Perry, OH 44081
Ph: 440-259-3121 Fax: 440-259-3299

Credit Application

Company Name: _____

Address: _____

City, State, and Zip: _____

Type of Business: _____ Sole Proprietorship
 _____ Partnership
 _____ Corporation in the State of _____
 _____ Division
 _____ Subsidiary

A/P Address: _____

A/P Contact: _____

Phone Number: _____ Fax Number: _____

Number of years in business: _____ Credit line requested: _____

Owner Information:

Name of Owner: _____ Home Address: _____

City, State, and Zip: _____ Phone Number: _____

Name of Owner: _____ Home Address: _____

City, State, and Zip: _____ Phone Number: _____

Trade Information:

Company Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

Company Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

Company Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

Bank Reference:

Bank Name: _____ Phone Number: _____

Address: _____ Fax Number: _____

I/we authorize the above to make any and all inquiries necessary in order to secure approval of this credit application. This application is made with the understanding that all charges are due and payable according to the terms of each invoice, which is subject to an account service charge at the rate of 1.5% per month (annual rate 18%). In addition, I/we agree to pay all costs, collection fees, reasonable attorney fees and other costs or expenses incurred should legal proceedings become necessary. All legal proceedings shall be governed under the laws of the State of Ohio, in Lake County.

Authorized Signature: _____