



**Daniels Nursery**  
 2198 Hwy 25 South  
 Kettle Falls, WA 99141  
 Phone 509-738-2633 Fax 509-738-4151  
[sales@danielsnursery.com](mailto:sales@danielsnursery.com)

**Credit Application**

Circle One:            Corporation  
                          Partnership  
                          Sole Proprietor

**GENERAL INFORMATION**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 OWNER OR PRINCIPAL OFFICER: \_\_\_\_\_  
 CREDIT AMOUNT REQUESTED: \_\_\_\_\_

**BUSINESS/FINANCIAL INFORMATION**

1. Is business a division of, or related to, any other company?    Yes    No  
     If Yes, relationship: \_\_\_\_\_  
     Name and Address of Company: \_\_\_\_\_  
 2. How long has business operated under this name and ownership? \_\_\_\_\_  
 3. Has bankruptcy been filed? \_\_\_\_\_  
 4. Type of Business: \_\_\_\_\_

**BANK REFERENCE**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
     Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
     City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**TRADE REFERENCES**    Please include FAX number, as most companies will only fax credit information. T

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
     Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
     City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
     Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
     City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
     Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
     City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CREDIT VERIFICATION AUTHORIZATION**

We authorize Daniels Nursery to contact anyone named above for verification of facts, at any time  
 We authorize Daniels Nursery to contact businesses to verify facts regarding payment history.  
 We agree to pay our account within the credit terms as stated in the current Daniels Nursery catalog

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_