



Daniels Nursery
 2198 Hwy 25 South
 Kettle Falls, WA 99141
 Phone 509-738-2633 Fax 509-738-4151
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. Thank you.

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 Daniels Nursery's Terms and Conditions.

Signature: _____ Title: _____ Date: _____