



PO Box 1048
Monroeville, NJ 08343
(856) 358-6535
(856) 358-0125 fax

Company name _____ Date _____
Telephone number _____ Fax number _____
Mailing address _____
(STREET) (CITY) (STATE) (ZIP)
Shipping address _____
(STREET) (CITY) (STATE) (ZIP)
Officer names (1) _____ (2) _____
(TITLE) (TITLE)

Home address (1) _____
Home address (2) _____
Year present ownership established _____
Amount of credit requested _____

Nursery Trade References: Please furnish complete information to expedite processing.

Firm name: _____ Firm name: _____
Address: _____ Address: _____
Phone number: _____ Phone number: _____
Fax number: _____ Fax number: _____

Firm name: _____ Firm name: _____
Address: _____ Address: _____
Phone number: _____ Phone number: _____
Fax number: _____ Fax number: _____

Bank Reference:
Name: _____ Phone number: _____
Contact Officer: _____ Account number: _____
Address: _____
(STREET) (CITY) (ZIP)

Authorization to release bank information: _____
(SIGNATURE)

(PLEASE PRINT NAME)

Corporation officers, partners or proprietors herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm. Applicant hereby agrees to pay a service charge of 2% per month or the maximum amount permissible by law on all overdue accounts. An account will be considered to be overdue any time after an invoice is over 30 days old. Should Marjac Nursery, Inc. incur collection costs, attorney fees, and court costs in collecting a delinquent account; the buyer expressly agrees to reimburse those costs and fees to Marjac Nursery, Inc.

I hereby agree to the terms and conditions and certify the foregoing to be true and to the best of my knowledge.

Signature _____ Date _____
Print name and title: _____