



**BIRINGER
NURSERY**

CREDIT APPLICATION

P.O. Box 2809 • MOUNT VERNON, WA 98273

Office (360) 848-5151 Fax (360) 848-5959

NAME OF BUSINESS _____ E-MAIL ADDRESS _____

NAME OF APPLICANT _____ TITLE _____

STREET ADDRESS _____ TELEPHONE NUMBER _____ FAX NUMBER _____

CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS _____ DATE STARTED _____

() If corporation, list President, Treasurer and Secretary below.

() If Partnership, list all partners below.

() If Sole Proprietorship, list owner information below.

Name	Home Address	Phone Number	Cell Number

Name	Home Address	Phone Number	Cell Number

Name	Home Address	Phone Number	Cell Number

Bank Reference	Account No.	Type

List Three Business References:

Name	Phone	FAX	Credit Limit

Name	Phone	FAX	Credit Limit

Name	Phone	FAX	Credit Limit

The applicant has delivered this request to **Biringer Nursery, LP** for the extension of credit. The applicant swears that the information received is accurate to the best of his/her knowledge and understands that **Biringer Nursery, LP** will rely on the accuracy and completeness of this statement. Applicant must be at least 18 years old.

I/We authorize **Biringer Nursery, LP** to obtain credit information from the above listed credit references or through the credit bureau agency. I/We also authorize **Biringer Nursery, LP** to report to proper persons and credit bureaus my performance of this agreement and to complete credit references about credit experience with me.

Q/We agree to pay the "total amount due" by the last day of the month following the statement date. I/We understand that if the full balance is not paid when due, a monthly finance charge of one and one half percent (1.5%) which is equivalent to eighteen percent (18%) APR will be assessed and applied to the current balance. A minimum finance charge of \$1.00 applies.

I/We also agree to pay all fees assessed on the account for collection of the balance without relief from valuation and appraisal laws. Fees may include, but not limited to, all attorney fees and court cost. I also agree to pay a returned check fee of \$30.00, if applicable.

Signature of Individual Guarantor _____

Driver's License Number _____