



INTERNATIONAL NURSERY PRODUCTS

**International Nursery Products**

32923 Mission Way  
Mission, B.C. V2V 6E4  
Toll free: (800) 546-4787  
Phone: (604) 820-5400  
Fax: (604) 820-5420

**APPLICATION FOR CREDIT**

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Trade Name if applicable: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Ownership: Partnership: ( ) Corporation: ( ) Individual: ( )

Name and Address of Owners: \_\_\_\_\_

Annual Sales \$ \_\_\_\_\_ No. of Employees \_\_\_\_\_ Net Worth of Company \$ \_\_\_\_\_

Purchase Order Required? \_\_\_\_\_ Amount of Credit Requested: \_\_\_\_\_

Individuals Authorized to Purchase: \_\_\_\_\_

**Credit References (at least 2 must match or exceed amount of credit requested above)**

<u>Name</u>	<u>City / Province</u>	<u>Phone Number</u>	<u>Fax Number</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Bank Reference:**

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone / Fax: \_\_\_\_\_

**Terms:**

I/We understand that your terms are net 30 from date of invoice. A service charge of 2% per month (24% per annum) or such other rate of interest as the applicant may be advised of in writing from time to time will be charged on overdue accounts. Returns will not be accepted without prior authorization and are subject to a 15% restocking charge and freight paid to our warehouse. Claims regarding incorrect counts or breakage will receive consideration only when made within 10 days of receipt of goods. I/We hereby authorize the person or firm to whom this application is submitted to obtain such credit reports or information as may be deemed necessary in connection with the establishment and maintenance of credit account or for any other direct business requirements. I/We agree to pay any costs of collection including, but not limited to reasonable attorney fees at trial or upon appeal should I/We not pay amounts due in accordance with these terms.

Date: \_\_\_\_\_ Signed by Officer of Company: \_\_\_\_\_

Title: \_\_\_\_\_ Print Name of Person Signing: \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
<b>SHORT NAME:</b> _____	<b>COMPANY:</b> _____	
Approved by: _____	Date: _____	Credit Limit: _____

*YOUR ACCOUNT MANAGER WILL BE:* \_\_\_\_\_