



CREEK HILL NURSERY

17 West Main Street Leola, PA 17540

717-556-0000 Fax 717-556-0001

CREDIT APPLICATION

Dear Prospective Customer:

Thank you for your interest in Creek Hill Nursery. We look forward to providing you with premium plants and steadfast service now and for many years to come. In order for us to process your application in a timely manner, please complete and return it immediately. Credit approval can take as long as 2 weeks. An incomplete application may cause delay. Thank you again for your interest.

APPLICATION MAY BE MAILED IN OR FAXED. IF FAXED, PLEASE FAX BOTH PAGES OF THIS FORM.

APPLICANT'S NAME _____

D/B/A _____

STREET ADDRESS _____ P.O. BOX _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

TELEPHONE NO. _____ FAX NO. _____

TYPE OF BUSINESS (Check One)

- PROPRIETORSHIP CORPORATION REWHOLESALE CONTRACTOR
- PARTNERSHIP WHOLESALE GROWER GARDEN CENTER Other _____

YEARS IN BUSINESS _____ APPROXIMATE CREDIT LINE REQUIRED: _____

FEDERAL TAX I.D. NO. _____ ANTICIPATED ANNUAL PURCHASES: _____

PRINCIPALS OF BUSINESS

NAME _____ NAME _____

TITLE _____ TITLE _____

HOME ADDRESS _____ HOME ADDRESS _____

HOME PHONE _____ HOME PHONE _____

SOC. SEC. # _____ SOC. SEC. # _____

TRADE REFERENCES

1. _____

Company Name	Address	City	State	Zip Code
_____	_____	_____	_____	_____
Contact	(____) Phone	(____) Fax		
2. _____

Company Name	Address	City	State	Zip Code
_____	_____	_____	_____	_____
Contact	(____) Phone	(____) Fax		
3. _____

Company Name	Address	City	State	Zip Code
_____	_____	_____	_____	_____
Contact	(____) Phone	(____) Fax		
4. _____

Company Name	Address	City	State	Zip Code
_____	_____	_____	_____	_____
Contact	(____) Phone	(____) Fax		

BUSINESS BANK REFERENCES

NAME OF BANK _____ BRANCH _____

ADDRESS _____

PHONE NO. _____ OFFICER HANDLING ACCOUNT _____

