

Office Use Only

Received Date:
Approval Date:
Approved Amount:



PO Box 251
11089 Galena Road
Millington, MD 21651
Phone: (410)928-3600 Email: sales@spnsinc.com

CREDIT APPLICATION

Name (D.B.A., "Doing Business As", or trade name): _____

Mailing Address: _____

City, State, Zip Code: _____

Business Phone: _____ Business Email: _____

Legal Name (If different from mailing address): _____

Street Address (if mailing from mailing address): _____

City, State, Zip Code: _____

_____ Corporation _____ Partnership _____ Sole Proprietorship

Under laws of which state: _____ Year Established: _____

Chief Executive Officer, General Partner, or Proprietor: _____

Chief Financial Officer (if different from above): _____

Principal Buyer (if different from above): _____

Amount of credit requested, in increments of \$5,000.00: _____

Bank Reference

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Account Number Principal Contact: _____

CREDIT REFERENCES (Please list at list at least four)

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip Code: _____

City, State, Zip Code: _____

Phone / Email: _____

Phone / Email: _____

Name: _____

Name: _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip Code: _____

City, State, Zip Code: _____

Phone / Email: _____

Phone / Email: _____

Please note: While an email will give us a quick start processing your application, we do require the signed original returned to our office.

ACKNOWLEDGEMENT OF TERMS: I hereby authorize employees of Still Pond Nursery Sales, LLC to obtain financial and credit information related to my company's application for credit, and hereby release solicitors and suppliers of that information from any and all liability in connection therewith. If Still Pond Nursery Sales grants credit, I understand that payments are due within thirty (30) days of invoice date. I agree to pay interest and delinquency charges of two percent (2%) per month on amounts not paid within thirty (30) days, which is the equivalent to a twenty-four percent (24%) annual rate. I also agree to pay reasonable attorney's fees and any other costs incurred by Still Pond Nursery Sales to collect past due amounts.

Signature of Officer, Partner or Proprietor: _____

Printed Name of Signer: _____

Title of Signer: _____

Date of Request: _____

Witness Signature: _____