

# APPLICATION FOR CREDIT

ROSEBAY NURSERY  
6394 OLD ALLEGAN RD  
SAUGATUCK, MI. 49453  
PHONE: 269-857-4852 Fax: 857-2479

Date: \_\_\_/\_\_\_/\_\_\_

Company name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Years in business: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Principals (Owners): \_\_\_\_\_

Tax ID # \_\_\_\_\_ (provide copy) Add sales tax to order? Yes \_\_\_\_\_ No \_\_\_\_\_

## BUSINESS REFERENCES

1. Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## BANK INFORMATION

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_