

WHOLESALE CREDIT APPLICATION



Greenstreet Growers, Inc.

P.O. Box 410, Tracys Landing, MD 20779-0410

Phone – 410.867.9500 / Fax – 410.867.6130

Applicant Business Name: _____

Principal Owner Name: _____

Billing Address: _____

Shipping Address: _____

Phone Number: _____ **Fax Number:** _____

Billing Department Contact: _____ **Direct Phone:** _____

Type of Business: _____ **In Business Since:** _____

Form of Business: Corporation LLC Partnership Sole Proprietor

If Division/Subsidiary, Name of Parent Company: _____

Federal Tax ID Number: _____ **Sales & Use Tax License Number:** _____

Please Include Copy of Company's Sales & Use Tax License Certificate

Are you Tax Exempt: Yes No **Tax Exemption Number:** _____

If Tax Exempt, Please Attach a Copy of Certificate of Exemption

Terms Requested: C.O.D. Credit Card Net 5 Net 10 Net 30

Requested Credit Amount (If Applicable): _____

Are P.O. Numbers Required for All Orders? Yes No

Trade References:

1.) Company Name: _____ Contact Name: _____

Address: _____

Phone Number: _____ Account Opened Since: _____

2.) Company Name: _____ Contact Name: _____

Address: _____

Phone Number: _____ Account Opened Since: _____

3.) Company Name: _____ Contact Name: _____

Address: _____

Phone Number: _____ Account Opened Since: _____

Bank Reference:

Institution Name: _____

Address: _____

Contact: _____ Phone: _____

Release of Information (Credit Applicants Only)

We declare that the above information is true, correct, and complete and is given to induce Greenstreet Growers, Inc. to extend credit. We authorize Greenstreet Growers, Inc. to make such credit investigation as Greenstreet Growers, Inc. sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks, and credit reporting agencies to disclose to Greenstreet Growers, Inc. any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of those terms and conditions

Company Name: _____

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

