

CREDIT APPLICATION



Name (D.B.A., "doing business as", or trade name)	
Mailing Address	
City, State, ZIP Code	
Business Phone Number	Business Fax Number

Legal Name (if different from D.B.A. name)
Street Address (if different from mailing address)
City, State, ZIP Code

Corporation Partnership Sole Proprietorship

Under laws of which state? Year Established:

Chief Executive Office, 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

ACKNOWLEDGEMENT OF TERMS

I hereby authorize employees of Angelica Nurseries, Inc. 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 Angelica 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 attorneys' fees and any other costs incurred by Angelica to collect past due amounts.

Signature of Officer, Partner or Proprietor	
Printed Name of Signer	
Title of Signer	Date

Witness Signature

Please note: While a fax will give us a quick start processing your application, we do need the signed original returned to us.

BANK REFERENCE

Name	
Mailing Address	
City, State, ZIP Code	
Phone Number	Fax Number
Account Number	Principal Contact

CREDIT REFERENCES (Please list at least four)

Name	
Mailing Address	
City, State, ZIP Code	
Phone Number	Fax Number

Name	
Mailing Address	
City, State, ZIP Code	
Phone Number	Fax Number

Name	
Mailing Address	
City, State, ZIP Code	
Phone Number	Fax Number

Name	
Mailing Address	
City, State, ZIP Code	
Phone Number	Fax Number

Name	
Mailing Address	
City, State, ZIP Code	
Phone Number	Fax Number