



Valley Grown Nursery
680 24 1/2 ROAD
GRAND JUNCTION, CO 81505
970-241-0068 PHONE 970-242-0389 FAX
www.valleygrown.com

CREDIT APPLICATION

Business Name _____ Requested Credit Amt. \$ _____

Address _____ Federal Tax ID# _____

Mailing Address _____ Email _____

City _____ State _____ Zip _____

Phone# _____ - _____ - _____ Fax# _____ - _____ - _____ Cell# _____ - _____ - _____

Nature of Business _____ Years in Business _____

Sales Tax Status _____ *taxable* _____ *non-taxable* Date Established _____

Business Type _____ *sole proprietor* _____ *corporation* _____ *partnership*

of Employees? _____ Est. Annual Sales \$ _____ Purchase Orders Required? _____

Authorized Purchasers On This Account _____

Administrative Contact _____ Phone# _____

Has this company or any of its principles ever filed for bankruptcy protection? _____ If yes, please explain:

PRINCIPLES / OFFICERS:

NAME _____ TITLE _____ SS# _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ TITLE _____ SS# _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

BANK REFERENCE:

BANK NAME _____ ACCOUNT # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTACT _____ PHONE# _____

TRADE REFERENCES:

NAME ADDRESS CITY STATE / ZIP

ACCOUNT # PHONE # FAX #

NAME ADDRESS CITY STATE / ZIP

ACCOUNT # PHONE # FAX #

NAME ADDRESS CITY STATE / ZIP

ACCOUNT # PHONE # FAX#

Any misrepresentation in this application will be considered fraud, since the information herein is the basis for the extension of credit. The undersigned warrants that the information submitted in this application is accurate and correct. Valley Grown Nursery is hereby authorized to investigate and verify credit history and/or credit worthiness of said business and the principles listed. In signing below, we agree to the terms and conditions required for a credit account with VGN.

TERMS

Our regular terms are cash, credit card or C.O.D. Established companies may request a line of credit by completing this application. Payments on credit accounts are due 30 days from billing. A late payment charge of 2% per month will be assessed on all past due balances. In the event any third parties are employed to collect outstanding monies due from said business, the undersigned agrees to pay reasonable collection agency costs, including attorney fees, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the said business.

Business Name _____

Name (please print) _____ Title _____

Signature _____ Date _____

PERSONAL GUARANTEE

In consideration for Valley Grown Nursery extending credit to the business identified in this application, for any materials and/or services after this date at the request of the applicant or it's agents, the undersigned individual hereby personally guarantees, unconditionally and irrevocably, the prompt payment of all sums now or hereafter owed to Valley Grown Nursery, by the business identified below whether due under open account, contract, or otherwise.

Name (please print) _____ SS# _____

Home Address _____ Phone# _____

Signature _____ Date _____

VGN Office Use: APPROVED DENIED Amount \$ _____ DATE: _____