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Accounts Receivable Division

CREDIT APPLICATION

All information provided to Gardener's Supply Company through this credit application is considered confidential and will not be shared with any organization outside the scope of reference verifications.

DATE: **BUSINESS NAME** OWNER / MAIN CONTACT MAILING ADDRESS CITY, STATE, ZIP **BUSINESS PHONE CELL** FAX E-MAIL WEBSITE ACCOUNTS PAYABLE CONTACT PHONE # FEDERAL ID # (EIN) REQUESTED CREDIT LIMIT **FINANCIAL REFERENCES** BANK NAME STREET CITY, STATE, ZIP **PHONE** FAX BANK CONTACT ACCOUNT# **EMAIL BUSINESS REFERENCES WITH ESTABLISHED NET 30 COMPANY NAME** STREET CITY, STATE, ZIP **PHONE** FAX CONTACT PERSON **EMAIL COMPANY NAME** STREET CITY, STATE, ZIP **PHONE** FAX CONTACT PERSON **EMAIL**

For faster service, please provide fax numbers for each reference.

AUTHORIZING AGENT SIGNATURE