



**APPLICATION FOR CREDIT**

**RETURN COMPLETED FORM TO  
NORMANS NURSERY INC.**

8665 Duarte Road  
San Gabriel CA 91775

Phone - 626-237-0601 Fax - 626-237-0683

**OFFICE USE ONLY**

Date \_\_\_\_\_

Salesman \_\_\_\_\_

( ) Approved ( ) Declined

Limit \_\_\_\_\_

Prelim ( ) YES ( ) No

Company Name (or individual) \_\_\_\_\_ Email Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_

**This location is** \_\_\_\_\_ **Name & Address of Parent Company (if applicable)** \_\_\_\_\_

( ) Main Office ( ) Branch Office

Business operates as: ( ) Corporation ( ) Partnership ( ) Sole Proprietor

Contractors License # \_\_\_\_\_ License type \_\_\_\_\_ Expiration Date \_\_\_\_\_

List Name(s) of Officer(s), Partner(s), Owner(s) \_\_\_\_\_

Position	Name	Home Address / City/ State / Zip

YEARS IN BUSINESS THIS COMPANY \_\_\_\_\_ Years @ this location \_\_\_\_\_ Own ( ) Lease ( )

Describe your product, service, business \_\_\_\_\_

Anticipated monthly purchases from Norman's Nursery \$ \_\_\_\_\_

**Bank References**

Bank Name	Account #	City	Phone
1			
2			

**MATERIAL/NURSERY SUPPLIER REFERENCES (at least 3 required)**

Reference Name	Address / City / State / Zip	Phone	Fax/Email
1			
2			
3			
4			

**Are purchase orders required?** YES ( ) NO ( ) **TAXABLE - IF NON TAXABLE - RESALE CARD MUST ACCOMPANY APPLICATION** YES ( ) NO ( )

**PAYABLES INFORMATION:** Contact Name: \_\_\_\_\_ E-Mail \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

PLEASE ADVISE US OF ANY SPECIAL INSTRUCTIONS NEEDED ON YOUR ACCOUNT. \_\_\_\_\_

Have you ever filed personal bankruptcy? ( ) NO ( ) YES Date \_\_\_\_\_  
Has a company you owned ever filed bankruptcy? ( ) NO ( ) YES Date \_\_\_\_\_

Name of company that filed bankruptcy \_\_\_\_\_

Other company names that you now or once may have operated under \_\_\_\_\_

**ACCOUNT AGREEMENT AND TERMS OF SALE**

The undersigned hereby applies to Norman's Nursery Inc. for Credit. It is understood and agreed that the undersigend specifically consents to Norman's Nursery Inc. investigating the applicant's credit history and may utilize outside credit reporting services to obtain information on the applicants and companies listed.

If credit is extended, I understand all invoices are due and payable at Norman's Nursery Inc. 30 days from the date of purchase and are past due on the 31st day following purchase. Prices charged are with expectation of payment being made within standard terms. Past due invoices may be subject to late fee charge of 1 1/2% of the invoice total for each month thereafter as an adjustment in the price. Customer agrees it would be impractical to fix actual damages and this charge as finance charges is a fair and equitable approximation of the actual additional expense incurred by Norman's Nursery Inc. It is further agreed this will not affect Norman's Nursery's right to demand payment and take action to collect past due amounts. It is agreed that the proper and axclusive venue and jurisdiction to resolve any disputes or claims associated with this agreement will be in the County of Los Angeles, State of California.

Upon a change in principals or the legal identity of the company, applicant will give written notice 15 days prior to the change to the credit department of Norman's Nursery Inc. Should suit be instituted to collect any debts of the undersigned, the undersigned agrees to pay all actual costs of collection and attorney's fees and interests on the past due amount at the highest rate legally available.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**SIGNATURE OF PRINCIPAL OR OFFICER**

Title \_\_\_\_\_

\_\_\_\_\_  
**Please print name**

**\*\*\*\*\* PERSONAL GUARANTY \*\*\*\*\***

In consideration of credit granted by Norman's Nursery Inc., the undersigned personally guarantees any and all charges and/or money due Norman's Nursery Inc. This sum to include any and all attorneys fees and collection costs. In the event payment is demanded by Norman's Nursery Inc., the undersigned agrees to make payment within 30 days.

Signature \_\_\_\_\_

**SIGNATURE OF PRINCIPAL OR OFFICER**

\_\_\_\_\_  
**Please print name**

APPLICATION MAY BE FAXED to 626-237-0683 - **AND MAIL ORIGINAL TO:**  
NORMAN'S NURSERY INC.  
8665 DUARTE ROAD SAN GABRIEL, CA 91775