



Koolhaas Nursery No. 1, Inc

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Sorrento FL 32776

Phone: 352.383.9143 [email::info@koolhaasnursery.com](mailto:info@koolhaasnursery.com)

www.koolhaasnursery.com

Credit Application

Full Name of company: _____

Business type (check one):

- Individual
- Partnership
- Corporation

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Business premises (check one):

- Owned
- Rented
- Leased

Email: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Date Established: _____ Number of Employees: _____

Annual Sales: \$ _____

Federal Tax ID# (EIN or owner's social security number): _____

Owner/Officer's name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Drivers License #: _____

Trade References

Company Name: _____

Company Name: _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____

Company Name: _____

Terms: Open accounts are net 30 days. Delinquent accounts (beyond 30 days) are subject to 1½% interest per month (18% per year). Customer assumes responsibility for all collection costs and reasonable attorney's fees, the venue for any litigation will be Lake County, Florida.

Contact: _____

Phone: _____

Bank Reference

Bank Name: _____ Contact: _____

Address: _____ Phone: _____

Account Number: _____

I hereby agree to the above terms and authorize the above named bank to release information to Koolhaas Nursery No. 1, Inc. for the purpose of evaluating credit worthiness. Owner/Officer Signature: _____ Date: _____