



CEDARVIEW FARM NURSERY

Application For Credit

Business Name: _____
Telephone: () _____ Fax: () _____ Mobile: () _____

Bill to: _____ Ship to: _____

Federal ID No. _____ Tax Exempt ID: _____

Years in Business: _____

Type of Business: Partnership Corporation LLC
 Proprietorship Limited Partnership

Does your company require a monthly statement Y N

Officers/Partners/Owners:

Name and Title: _____ Name and Title: _____
Social Security No: _____ Social Security No. _____
Home Phone: () _____ Home Phone: () _____
Home Address: _____ Home Address: _____

Bank and 3 Trade References:

Bank Name: _____ Co. Name: _____
Address: _____ Address: _____
Contact: _____ Contact: _____
Telephone: () _____ Telephone: () _____
Account No. _____ Account No. _____
Type of Account: _____

Co. Name: _____ Co. Name: _____
Address: _____ Address: _____
Contact: _____ Contact: _____
Telephone: () _____ Telephone: () _____
Account No. _____ Account No. _____

I, the undersigned, request CEDARVIEW FARM NURSERY to extend commercial credit to, or otherwise do business with, the above identified customer. In consideration thereof, each of us personally, unconditionally guarantees to CFN the payment of all the Customer's present and future obligations to CFN at CFN's invoicing location and to reimburse CFN all costs or expense of collection, including court costs, attorney fees, and other expenses which may be suffered by CFN by reason of the Customer's default. In compliance with the Fair Credit Reporting Act, this is to inform you that you are authorizing CFN, Inc. to access your personal credit file. Guarantor(s) will be jointly and severally liable. I authorize CFN to modify, change, or extend credit lines, terms or conditions without notification or consent. This guarantee is unlimited and shall continue in full force and effect until canceled in writing.

I do hereby certify that the information provided on this application for credit is true to the best of my knowledge.

Authorized Principal _____ Authorized Principal: _____

Date: _____