



everything for beautiful landscapes.

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**CREDIT APPLICATION**

**COMPANY INFORMATION**

COMPANY NAME _____	YEARS IN BUSINESS _____
ADDRESS _____	PHONE _____
CITY _____	FAX _____
STATE _____	CELL PHONE _____
ZIP CODE _____	E-MAIL _____
NURSERY LICENSE # _____	TYPE OF BUSINESS _____ check one
ANNUAL SALES VOLUME _____	CORPORATION _____
NUMBER OF SALES PEOPLE _____	SOLE PROPRIETOR _____
MONTHLY CREDIT DESIRED _____	PARTNERSHIP _____
FEDERAL ID # _____	
STATE TAX # _____	

**OFFICERS INFORMATION**

NAME & TITLE _____
HOME ADDRESS _____
HOME PHONE _____
SOCIAL SECURITY # _____
DRIVERS LICENSE # _____
NAME & TITLE _____
HOME ADDRESS _____
HOME PHONE _____
SOCIAL SECURITY # _____
DRIVERS LICENSE # _____

**BANK REFERENCES**

NAME _____
ADDRESS _____
BANK OFFICER PHONE _____
ACCOUNT NUMBER _____
NAME _____
ADDRESS _____
BANK OFFICER PHONE _____
ACCOUNT NUMBER _____

**BUSINESS REFERENCES WHERE CREDIT IS ESTABLISHED**

#1 COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
FAX \_\_\_\_\_

#2 COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
FAX \_\_\_\_\_

#3 COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_  
FAX \_\_\_\_\_

Minnesota Vally Wholesale, Inc. terms are 5% 10/NET 30. A 1% semi-monthly (24% annual) service charge will be assessed all past due amounts.

THE UNDERSIGNED AGREES (Jointly and severally) THAT IN CONSIDERATION FOR THE EXTENSION OF CREDIT TO THE ABOVE NAMED APPLICANT, THE UNDERSIGNED WILL BE RESPONSIBLE FOR, AND GUARANTIES PAYMENT FOR ALL GOODS, WARES, SERVICES, AND MERCHANDISE SUPPLIED TO APPLICANT. IN THE EVENT IT BECOMES NECESSARY TO PLACE THIS ACCOUNT WITH AN ATTORNEY OR COLLECTION AGENT FOR COLLECTION, THE UNDERSIGNED AGREES THAT SCOTT COUNTY, MN SHOULD BE THE PROPER VENUE, AND FURTHER AGREES TO BE RESPONSIBLE FOR ANY AND ALL COSTS OF COLLECTION INCLUDING COURT COSTS AND FEES.

DATE \_\_\_\_\_  
TITLE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
TYPE OR PRINT ABOVE NAME \_\_\_\_\_

IT IS FURTHER UNDERSTOOD THAT CREDIT IS GRANTED TO APPLICANT BASED ON THE PERSONAL GUARANTEE OF THE UNDERSIGNED, AND THE UNDERSIGNED AGREES TO NOTIFY MINNESOTA VALLEY WHOLESAL, INC. BY REGISTERED MAIL OF CHANGE OF OWNERSHIP OR ADDRESS

DATE \_\_\_\_\_  
TITLE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
TYPE OR PRINT ABOVE NAME \_\_\_\_\_