

NEW CUSTOMER CREDIT APPLICATION

Firm Name _____ **Phone** _____

A Division of: _____

Street Address _____

City _____ State _____ Zip _____

Billing Address (if different) _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

E-mail _____

A/P Contact _____ Phone # _____

Ship to _____

City _____ State _____ Zip _____

A/P Protocol

Freight terms _____ A/P Cut off _____

Any special billing instructions? _____

Resale Tax # _____ Purchase Orders Required? _____ # Invoice copies needed _____

Type of business: Corporation _____ Sole Proprietorship _____ Partnership _____

Names and addresses of corporate officers, owner(s) or partners:

	Name	Title	Address	Telephone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Trade References:

	Business Name	Address	Fax No.	Phone No.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

On behalf of the above named company/business; I authorize International Greenhouse Company to run any needed credit reports and/or contact my trade references for credit ratings

Authorized Signature _____ **Date** _____