



*Lakeside Nursery*

190 Espinosa Road, Salinas, Ca 93907  
 Phone :( 831) 632-0430 Fax: (831) 632 2102

# Credit Application form

APPLICANT		LAST NAME	FIRST NAME	PHONE	FAX
E-MAIL:					
TYPE OF BUSINESS	YRS. BUS. EST	SPOUSE NAME		S.S.N OR FEDERAL ID	
CORPORATION OFFICERS/PARTNERS		NAME	RES. ADDRESS	PHONE	
BUSINESS ADDRESS		CITY	ZIP CODE	YEARS	
BUSINESS ADDRESS		CITY	ZIP CODE	YEARS	
CREDIT REFERENCES ( PLEASE FURNISH COMPLETE INFORMATION)					
NAME	ADDRESS		PHONE	FAX	
NAME	ADDRESS		PHONE	FAX	
NAME	ADDRESS		PHONE	FAX	
FINANCIAL INFORMATION					
BANK	ADDRESS		PHONE	ACCT. #	
DO YOU WANT PURCHASES TAXED?		YES	NO	RESALE #	
(IF RESALE CARD IS NOT SIGNED, ALL PURCHASES WILL BE TAXED)					
SALES & TERMS INFORMATION:					
CREDIT LIMIT REQUESTED \$.....		CUSTOMER ANNUAL PURCHASES \$.....			
PURCHASER IS NOTIFIED THAT TERMS ARE NET -30. 1.5 % FINANCE CHARGE PER MONTH WILL BE ASSESSED ON ALL PAST DUE ACCOUNTS.NO TERMS OR CONDITIONS OF PURCHASE ORDERS DIFFERENT FROM TERMS OF LAKESIDE NURSERY WILL BECOME PART OF ANY SALES AGREEMENT,PURCHASE ORDER OR OTHER DOCUMENT UNLESS SPECIFICALLY APPROVED IN WRITING. IF IT BECOMES NECESSARY TO COLLECT THE BALANCE DUE, THE PURCHASER AGREES TO PAY ATTORNEY'S FEES AND COURT COSTS. SHOULD A LAWSUIT NEED TO BE FILED TO COLLECT A DEBT, LAKESIDE NURSERY RETAINS THE RIGHT TO FILE THE SAME IN MONTEREY COUNTY. ALL DISPUTES MUST BE REPORTED WITHIN 5 DAYS OF RECEIPT. NO ITEMS WILL BE ACCEPTED FOR RETURN WITHOUT PRIOR APPROVAL. ALL RETURNS ARE SUBJECT TO A RESTOCKING CHARGE					
SIGNATURE			DATE		