

CREDIT APPLICATION

**MAY NURSERY, INC.
178 MAY NURSERY ROAD
HAVANA, FLORIDA 32333
(850) 539-6495, (800) 342-7134, (888) 242-8271 (FAX)
Please send to: angie@maynursery.com**

NAME OF OWNER _____

BUSINESS NAME _____

BILLING ADDRESS _____ **DELIVERY ADDRESS** _____

PHONE # (____) _____ **CONTACT PERSON** _____

FAX # (____) _____ **EMAIL ADDRESS** _____

CELL # (____) _____

NAME OF BANK _____ **CONTACT PERSON** _____

ADDRESS _____ **PHONE #** (____) _____

FAX # (____) _____

BUSINESS REFERENCES

NAME _____ **NAME** _____

ADDRESS _____ **ADDRESS** _____

PHONE # _____ **PHONE #** _____

FAX # _____ **FAX #** _____

CONTACT _____ **CONTACT** _____

NAME _____ **NAME** _____

ADDRESS _____ **ADDRESS** _____

PHONE # (____) _____ **PHONE #** (____) _____

FAX # (____) _____ **FAX #** (____) _____

CONTACT PERSON _____ **CONTACT PERSON** _____

FAILURE TO PROVIDE FAX NOS. WILL SLOW DOWN PROCESSING OF CREDIT APPLICATION. THANK YOU.

By signing this Credit Application, I agree to the following: I will pay any and all costs incurred by May Nursery in their attempt to collect any indebtedness due including interest, late fees, attorney's fees and any costs of collection.

_____ **Name** _____ **Date**

_____ **Title (must be owner or officer)**

_____ **Company Name**