

# Credit Application

MAY NURSERY, INC.  
178 MAY NURSERY ROAD - HAVANA, FL 32333  
OFFICE: (850) 539-6495

BUSINESS NAME

---

NAME OF OWNER

---

BILLING ADDRESS

---

DELIVERY ADDRESS

---

PHONE #

---

FAX #

---

CONTACT

---

CELL #

---

NAME OF BANK

---

CONTACT

---

ADDRESS

---

PHONE #

---

FAX #

---

## BUSINESS REFERENCES

1) BUSINESS NAME

---

ADDRESS

---

CONTACT

---

EMAIL

---

PHONE #

---

FAX #

---

2) BUSINESS NAME

---

ADDRESS

---

CONTACT

---

EMAIL

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PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

3) BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

4) BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

**FAILURE TO PROVIDE FAX NUMBERS WILL DELAY PROCESSING OF CREDIT APPLICATION.**

By signing this Credit Application, I agree to the following:

I will pay any and all costs incurred by May Nursery, Inc. in their attempt to collect any indebtedness due including interest, late fees, attorney's fees and any costs of collections.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (must be Owner or Officer)

Please submit via fax (888) 242-8271 or email to [angie@maynursery.com](mailto:angie@maynursery.com)