

NEOSHO GARDENS, LTD
CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Title: _____

Company name: _____

Phone: _____	Fax: _____	E-mail: _____
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Registered company address: _____

City: _____	State: _____	ZIP Code: _____
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Date business commenced: _____

Sole proprietorship: _____	Partnership: _____	Corporation: _____	Other: _____
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BUSINESS AND CREDIT INFORMATION

Primary business address: _____

City: _____	State: _____	ZIP Code: _____
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How long at current address? _____

Telephone: _____	Fax: _____	E-mail: _____
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Bank name: _____

Bank address: _____

City: _____	State: _____	ZIP Code: _____
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Type of account	Account number
Savings	_____
Checking	_____
Other	_____

BUSINESS/TRADE REFERENCES

Company name: _____

Address: _____

City: _____	State: _____	ZIP Code: _____
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Phone: _____	Fax: _____	E-mail: _____
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Type of account: _____

Company name: _____

Address: _____

City: _____	State: _____	ZIP Code: _____
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Phone: _____	Fax: _____	E-mail: _____
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Type of account: _____

Company name: _____

Address: _____

City: _____	State: _____	ZIP Code: _____
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Phone: _____	Fax: _____	E-mail: _____
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Type of account: _____

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. A finance charge of 1.5% will added to past due balances.
3. Claims arising from invoices must be made within seven working days.
4. By submitting this application, you authorize Neosho Gardens, LTD to make inquiries into the banking and business/trade references that you have supplied.
5. **Please include Tax Exempt form when returning this application.**

SIGNATURE: _____

Title: _____

Date: _____