



Winter Garden Nursery, 7301 RR 620 N, Suite 155, PMB 152, Austin, Texas 78726

Winter Garden Nursery Terms and Contract Information

Please Read, Complete and Return

Terms:

- Net 30 days from invoice date with no interest charge.
- Invoices outstanding over 30 days from invoice date will be charged interest at a rate of 18% APR or 1.5% per month.
- Accounts with invoices outstanding over 60 days from invoice date will become C.O.D. only and remedial measures of collection will be taken.

Mailing Address:

Winter Garden Nursery
7301 RR 620 N, Suite 155, PMB 152
Austin, Texas 78726

Phone Number: (512) 257-7507

Fax Number: (512) 257-0150

Accounts Payable Contact Person: _____

Telephone Number: _____ Fax Number: _____

Title: _____ Date: _____

Signature: _____

Printed Name: _____

Title: _____



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Credit Application

Business Trade Name

Legal Name (if different from above)

Mailing Address (city, state zip)

Physical Location (city, state, zip)

Owner/Manager: _____ How Long in Business?: _____

Telephone Number: _____ Fax Number: _____

Cell Number: _____

Type of Business: Corporation: ____ Sole Proprietorship: ____
LLC: ____ Partnership: ____

Trade References:

Name:

Address: (city, state, zip):

Telephone Number/Fax Number:

Name:

Address: (city, state, zip):

Telephone Number/Fax Number:

Name:

Address: (city, state, zip):

Telephone Number/Fax Number:

Bank Reference:

Name:

Address: (city, state, zip):

Telephone Number/Fax Number:

Account Number:

Contact Person:

Are there any pending lawsuits against the business? Yes ____ No ____

The undersigned authorizes inquiry as to credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

Signature of Authorized Person

Date:



Winter Garden Nursery, 7301 RR 620 N, Suite 155, PMB 152, Austin, Texas 78726

To: _____
(Name of Bank)

Re: Release of Account Information

Account Number: _____

Name and address of Company:

Please release accounts information to Winter Garden Nursery. We are in the process of establishing a credit line with the above company. Should you have any questions regarding this matter, please contact _____ at _____.
(Authorized Person) (Phone Number)

Sincerely,

Signature of Authorized Person

Date