



45 Buck Road
Downingtown, PA 19335
(P) 610-873-2495 (F) 610-873-2494
www.hhnurseries.com

APPLICATION FOR CREDIT

COMPLETE THE FOLLOWING INFORMATION LEGIBLY AND COMPLETELY

PAGE 1 OF 2

BUSINESS INFORMATION

BUSINESS NAME

BUSINESS ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP CODE)

BUSINESS PHONE # FAX # EMAIL

FORM OF BUSINESS () CORPORATION () PARTNERSHIP () PROPRIETORSHIP () INDIVIDUAL () OTHER

HOW LONG AT CURRENT LOCATION () OWN () RENT YEARS ESTABLISHED

IF YOU ARE INCORPORATED, IN WHAT STATE? DATE INCORPORATED?

PURCHASE ORDERS REQUIRED? () YES/ PHYSICAL TO BE ISSUED () YES/INTERNAL PO# ONLY () NO PO REQUIRED

DUNS # PRIMARY SIC # NAICS #

FED TAX # TAXABLE STATUS () TAXABLE () TAX EXEMPT - COPY OF CERT. REQUIRED

IF TAX EXEMPT - A COPY OF YOUR TAX EXEMPT CERTIFICATE MUST ACCOMPANY THIS APPLICATION, OTHERWISE ALL APPLICABLE TAXES WILL BE CHARGED UNTIL WE RECEIVE A COPY OF YOUR TAX EXEMPT CERTIFICATE

ACCOUNTS PAYABLE CONTACT TITLE

(REQUIRED)

PHONE FAX EMAIL

(REQUIRED)

DO YOU REQUIRE SPECIAL BILLING PROCEDURES? (CHECK ONE) () YES () NO

IF YES, PLEASE EXPLAIN

PRINCIPLES INFORMATION

PRINCIPLE (REQUIRED) (FULL NAME)

PRINCIPLE (REQUIRED) (FULL NAME)

HOME ADDRESS (STREET)

HOME ADDRESS (STREET)

(CITY)

(CITY)

(STATE)

(ZIP CODE)

(STATE)

(ZIP CODE)

SOCIAL SECURITY # (REQUIRED)

SOCIAL SECURITY # (REQUIRED)

FINANCIAL INFORMATION

BANK _____ PHONE # _____

ADDRESS _____
(STREET)

(CITY) (STATE) (ZIP CODE)

BANK ACCOUNT # _____ CONTACT NAME _____

TERMS AND CONDITIONS

HARMONY HILL NURSERIES IS HEREBY AUTHORIZED TO OBTAIN BUSINESS AND/OR PERSONAL CREDIT AND/OR FINANCIAL INFORMATION FROM ITS BANK(S), OTHER FINANCIAL INSTITUTIONS OR COMMERCIAL FIRMS WITH WHOM CUSTOMER HAS DONE BUSINESS AND/OR FINANCIAL AND/OR CREDIT BUREAU OR FINANCIAL REPORTING SERVICE.

SIGNATURE _____ SIGNATURE _____

PRINTED NAME _____ PRINTED NAME _____

TITLE _____ TITLE _____

DATE _____ DATE _____