

Confidential Application for Credit from The Henry F. Michell Co.

PO Box 60160/225 W Church Road, King of Prussia, PA 19406 • Tel (610) 265.4200 • Fax (610) 265.1142 • www.michells.com

FIRM NAME _____

FIRM IS A: Proprietorship Partnership Corporation

MAILING ADDRESS

SHIPPING ADDRESS

Street			Street		
City	State	Zip	City	State	Zip
Business Phone			Business Fax		

OWNER/OFFICER NAME & TITLE

CO-OWNER/OFFICER NAME & TITLE

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BOOKKEEPER NAME

Phone Number

Email

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BUSINESS PROPERTY IS: Owned Leased

YEAR ESTABLISHED _____

THE FOLLOWING BEST DESCRIBES MY BUSINESS:

- Garden Center Nursery Landscaper Farm Market FFA Greenhouse Grower:Wholesale
 Greenhouse Grower:Wholesale & Retail Greenhouse Grower: Retail

BUYER/CONTACT NAME

Cell Phone Number

ORDER ACKNOWLEDGMENT CONTACT EMAIL

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The following must be completed with at least one bank and three trade references.

BANK NAME & ACCOUNT NUMBER

Street Address

City, State & Zip

Phone/Fax Numbers

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COMPANY

Street Address

City, State & Zip

Phone/Fax Numbers

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COMPANY

Street Address

City, State & Zip

Phone/Fax Numbers

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COMPANY

Street Address

City, State & Zip

Phone/Fax Numbers

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I (we) understand Michell's terms of sales are net 30 and that a 1.5% per month (18%) service charge will be added to any past due balances. I (we) agree to pay accumulated service charges which are added to my (our) account. I (we) have read all of the foregoing and acknowledge that a copy of this signed application has been given to me for our files. I (we) certify that the above information is true and correct. If there are any changes in the business which would alter the credit status and/or ability to pay outstanding debts I (we) agree to notify Michell's immediately. I (we) also authorize Michell's to obtain any further credit information they may deem necessary.

SIGNATURE

Title

Date

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Please complete one of the following options if you wish to pre pay your account. [Minimum \$1,000 Order Required]

CREDIT CARD (Name on Card)

City, State & Zip (Billing Address)

Credit Card Number

Exp Date

CVC Code

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BANK NAME (ACH Payments)

Phone & Fax Numbers

City, State & Zip

Routing Number

Account Number

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MICHELL'S SALES REPRESENTATIVE: _____

SOURCE: _____