

# Garden Trading Co. | Garden Marketing, Inc.

*Quality Horticultural Products*

6321 Chickering Woods Dr. Nashville, TN 37215

615/661-4555

Fax 615/661-0490

CONFIDENTIAL FOR CREDIT DEPARTMENT USE ONLY

Business Trade Name or D/B/A \_\_\_\_\_

Legal Name Of Business \_\_\_\_\_

MailingAddress \_\_\_\_\_

ShippingAddress \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ State Sales Tax # \_\_\_\_\_

Person Responsible For Payment of Invoices \_\_\_\_\_

Type of Business

\_\_\_\_\_ Corporation- Officers \_\_\_\_\_ Years in Business \_\_\_\_\_

\_\_\_\_\_ Partnership- Partners \_\_\_\_\_ At This Location \_\_\_\_\_

\_\_\_\_\_ Proprietorship \_\_\_\_\_ Leased \_\_\_\_\_ D & B Listing: Yes \_\_\_\_\_ No \_\_\_\_\_ Owned \_\_\_\_\_

Bank \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Acct # \_\_\_\_\_ Phone \_\_\_\_\_ Officer handling your Acct. \_\_\_\_\_

REFERENCES; Please provide address and FAX Number (Must have fax numbers for processing)

FIRM NAME	ADDRESS	FAX NUMBER
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All statements made herein are true and accurate to the best of my knowledge. We authorize you to make any and all inquiries necessary to complete action on this application. We hereby indemnify the above company and its agents from liability resulting from their credit survey.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Corporation officers, partners or proprietors herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Submission of this information does not guarantee credit approval. Incomplete information will slow approval.