

# MIDAS NURSERY SOLUTIONS, LLC

DESIGNING NURSERIES OF THE FUTURE

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## Confidential Credit Application

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ FAX: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_ Federal ID#: \_\_\_\_\_  
Email: \_\_\_\_\_  
Yr. Established: \_\_\_\_\_  
In the past five years have you operated under other names? Yes \_\_\_ No \_\_\_ If YES, what name? \_\_\_\_\_  
Do you have an established line of credit for your business? Yes \_\_\_ No \_\_\_ If YES, in which \*state? \_\_\_\_\_  
Have you pledged collateral for your borrowing? Yes \_\_\_ No \_\_\_ **\*Required**

### Owner(s) or Officer's

Organization: Proprietorship \_\_\_ Corporation \_\_\_ Partnership \_\_\_

1 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
2 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### Trade Reference Only: (Please furnish COMPLETE information)

1 Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_  
2 Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_  
3 Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_  
4 Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_

### Bank Reference

1 Name \_\_\_\_\_ Acct # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_  
2 Name \_\_\_\_\_ Acct # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ FAX \_\_\_\_\_

Have you ever filed Bankruptcy? Yes \_\_\_ No \_\_\_ If yes, please enclose details.

#### Release to Creditors

Everything I have stated in this credit application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not credit is approved. I, hereby authorize you to verify all information contained in this application.

Buyer: \_\_\_\_\_ Date: \_\_\_\_\_

\*Signature Required

