

# Kankakee Nursery Company

P.O. Box 288 - Aroma Park, IL 60910 - Phone: 815-614-5568 - Fax: 815-937-9389  
[amy@kankakeenursery.com](mailto:amy@kankakeenursery.com)

## Application For Credit

Legal Name of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail address ( for receiving invoices) \_\_\_\_\_

Principal's Name \_\_\_\_\_ Res. Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Proprietors \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

If limited company or partnership list names and addresses of partners, if corporation list officers and directors and their residence addresses.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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Name of Bank \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Fax/email \_\_\_\_\_

## **1<sup>ST</sup> ORDER WILL BE COD FOR ALL NEW CUSTOMERS**

Credit References: (Please Give Other Nurseries If Possible)

Company Name \_\_\_\_\_ Address (Please give Full Address) \_\_\_\_\_

1. \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ email: \_\_\_\_\_

2. \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ email: \_\_\_\_\_

3. \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ email: \_\_\_\_\_

4. \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ email: \_\_\_\_\_

I / We Request a monthly credit account in the sum stated above and agree to abide by your term of trade as published in your trade list or catalog. I / We agree to pay interest on any overdue invoices at the rate of 1% per month. Purchaser agrees to pay all collection including court cost and attorney's fee in case suit or action is commenced to collect all or any part of amount due.

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Date \_\_\_\_\_

Signature of Owner or Authorized Rep

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Title \_\_\_\_\_