



Nordic Nurseries Ltd.

29386 Haverman Rd., Abbotsford, BC V4X 2P3

Phone (604)607-7074 Fax: (604)607-7073

accounting@nordicplants.com

CONFIDENTIAL CREDIT INFORMATION FORM

Firm Name: _____ Ph#: _____ Fax#: _____

Mailing Address: _____

Shipping Address: _____

Proprietorship: Corporation: Partnership: Other: _____

Owner(s) or Officer's Names: (1) _____ (2) _____

Social Insurance Number: _____

Home Address: _____

Email: _____ Website: _____

Plant Purchase Trade References Only: (Furnish COMPLETE Information)

1. Firm Name: _____ Ph#: _____ Fax#: _____

2. Firm Name: _____ Ph#: _____ Fax#: _____

3. Firm Name: _____ Ph#: _____ Fax#: _____

4. Firm Name: _____ Ph#: _____ Fax#: _____

5. Firm Name: _____ Ph#: _____ Fax#: _____

6. Firm Name: _____ Ph#: _____ Fax#: _____

Borrowing Bank References:

Name: _____ Account#: _____ Ph#: _____

Address: _____ Contact Person: _____

Chequing Account:

Bank Name: _____ Account#: _____ Ph#: _____

Address: _____ Contact Person: _____

Do you have an established line of credit for your business? Yes No .

NOTE: All information is held in strictest confidence. For your protection, as well as ours, your signature as applicant is required (Sign line 1 below). Corporation officers, partners, or proprietors herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm. The consideration for this guarantee is the continued extension of credit to the firm by this creditor. The Applicant hereby agrees to pay service charges of 1.5% per month on all accounts outstanding more than thirty days. In the event that it becomes necessary to enforce payment, applicant agrees to pay all collection, attorney, and/or court costs incurred by seller in such action, and service charges at the rate of 1.5% per month on all amounts found due and payable.

I certify the foregoing to be true to the best of my knowledge.

Line 1 - _____ Date: _____

Signature of Officer, Partner or Owner

Please Print Full Name