

Boyd & Boyd Nursery

7960 Smithville Hwy
McMinnville, TN 37110
Email: boyd_boydnsy@blomand.net

Phone: 931-934-2613

Fax: 931-934-2044

CREDIT APPLICATION

ALL information submitted will be held in strictest confidence

Firm Name: _____ Contact Person: _____

Billing Address: _____ City _____ State _____ Zip _____

Shipping Address: _____ City _____ State _____ Zip _____

Phone(____) _____ Fax(____) _____ Email: _____

Legal Status: Proprietorship _____ Partnership _____ Corporation _____ Year Established _____

Company Owners/Officers Names	Title	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____

VENDOR REFERENCES (List any nurseries in TN that you purchase from. Please use only vendors with which you have current credit lines.)

Firm Name _____ Phone(____) _____ Fax(____) _____
Address _____ City _____ State _____ Zip _____

Firm Name _____ Phone(____) _____ Fax(____) _____
Address _____ City _____ State _____ Zip _____

Firm Name _____ Phone(____) _____ Fax(____) _____
Address _____ City _____ State _____ Zip _____

Firm Name _____ Phone(____) _____ Fax(____) _____
Address _____ City _____ State _____ Zip _____

BANK REERENCES

Bank Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Account# _____ Checking _____ Savings _____ Bank Representative _____

TERMS

Applicant is hereby advised that our terms are **NET 30** days. Past due accounts will be assessed a service charge of **1.5%** per month, or 18% annually. 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. Applicant further agrees that if suit is necessary, such suit will be brought in Warren County, Tennessee. Applicant further agrees to abide by all other terms stated in seller catalog.

I hereby certify the foregoing to be true to the best of my knowledge. I also have read, understand, and accept the above terms. I further authorize the above references to supply information as required to determine our credit capabilities.

Signature of Authorized Officer _____ Date _____

Dendrological Sales