



Credit Application

Date: _____

Business Name: _____

Business Phone: _____ Fax: _____

Address: _____

Billing Address: _____

E-Mail Address: _____

Company is a: Corporation Sole Proprietorship Partnership Other _____

Company Owner's Name: _____ SS/Fed ID#: _____

Length of time in business: _____ How long at present address: _____

Nature of business: _____

Credit References

Bank _____ Acct # _____ Phone # _____

List three vendors that you have credit with

Name _____ Phone # _____ Fax # _____

Name _____ Phone # _____ Fax # _____

Name _____ Phone # _____ Fax # _____

Amount of credit requested: _____

I understand that Trees USA may have to obtain information about my financial responsibility in order to consider my application for credit.

Signature: _____