

NORTH CREEK NURSERIES INC
388 NORTH CREEK ROAD
LANDENBERG PA 19350
610-255-0100/1-877-ECO-PLUG/ FAX 610-255-4762

**ATTN: CREDIT PROCESSING
CREDIT INFORMATION**

Company _____

Address _____

City, State, Zip _____

Telephone# _____ Fax# _____

Tax Exempt YES / NO Tax Exempt Number: _____ Credit Amount Requested: _____

*****PLEASE INCLUDE A COPY OF YOUR TAX EXEMPT CERTIFICATE*****

Officers of the Company

Name _____ Title _____

Name _____ Title _____

BANK REFERENCE

Bank _____

Address _____

Telephone# _____ Fax# _____

Type of Account _____ Account # _____

Type of Account _____ Account # _____

TRADE REFERENCES (Fax numbers are required for processing)

Company Name _____

Address _____

Telephone# _____ Fax# _____

Company Name _____

Address _____

Telephone# _____ Fax# _____

Company Name _____

Address _____

Telephone# _____ Fax# _____

I hereby certify the above to be true to the best of my knowledge.

Signature of Applicant (Title) Date