

LaPorte County Nursery Credit Application
7657 W. State Road 2,
LaPorte, IN 46350
(219)785-2891 OFFICE (219)785-2756 FAX

Legal Name of Business _____ Date _____
Billing Address _____
Physical Address _____
Phone # _____ Fax # _____ e-mail _____
Resale Permit No. _____ or Federal ID No. _____
Or Contractors License No. _____
Type of Business _____ Year Established _____

OWNERS/OFFICERS: (Sole Proprietor, Corporation, Partnership, LLC) (Circle One)

Name _____ Title _____ Phone _____
Address _____
Social Security No. _____ Drivers Lic. No. _____

Name _____ Title _____ Phone _____
Address _____
Social Security No. _____ Drivers Lic. No. _____

Date incorporated _____ State _____

BANK REFERENCES:

Bank Name _____
Address _____
Checking Acct. No. _____ Savings Acct. No. _____
Phone No. _____ Contact Name _____

Amount of Credit Desired _____ Do you pay Indiana Sales Tax? _____
If no, please fax Indiana Tax Exempt Form to: 219-785-2756.

BUSINESS CREDIT REFERENCES: (Please give other nurseries if possible)

Company Name _____	Acct. No. _____
Address _____	Phone No. _____
Company Name _____	Acct. No. _____
Address _____	Phone No. _____
Company Name _____	Acct. No. _____
Address _____	Phone No. _____

Has applicant or any of its owners, principals, partners, officers or directors ever filed a voluntary petition of bankruptcy, been adjudged bankrupt, or made an assignment for the benefit of creditors? YES _____ No _____

To be signed by principals only. The information provided is supplied for the purpose of obtaining credit with LaPorte County Nursery and is warranted to be true and complete. The undersigned has read and agrees to the TERMS AND CONDITIONS OF SALE found on this website and authorizes their bank and/or suppliers to release information regarding their accounts.

Company Name _____

By _____ Title _____ Date _____

By _____ Title _____ Date _____