



I N C O R P O R A T E D
 P.O. Box 1410 · 3800 Del Mar Ave. · Loomis, CA 95650
 (916) 652-9261 · (800) 350-6640 · FAX (916) 652-6771
 E-MAIL: sales@hmnursery.com WEBSITE: www.hmnursery.com

Application will not be processed if incomplete!

COMMERCIAL CREDIT APPLICATION

Invoices are due upon receipt of statement. Interest will be assessed at the rate of 1 1/2% per month on past due accounts: however it is not intended that payment of interest will be an alternative to prompt payment of amounts due. In the event that court suit is necessary, I (we) agree to pay reasonable attorney fees, and agree that the jurisdiction for any legal action is to be in the County of Placer, State of California.

Line of Credit Requested \$ _____ Date _____

BUSINESS NAME: _____ Type of Business _____

Mailing Address _____

Street Address _____ City _____ State _____ Zip _____

Shipping Address _____

Street Address _____ City _____ State _____ Zip _____

(_____) _____ (_____) _____ (_____) _____ /_____/_____/_____
 Business Phone # Cell # Fax # Date Business Started

Federal Tax ID# _____ CA Landscapers License # _____ Resale # _____
 (Resale Card must be completed.)

License to Sell Nursery Stock #(Dept. Food/Ag) _____

Please give an estimated business volume you expect to do with HRN per year \$ _____ Number of orders? _____

Email Address(es): _____ (email addresses are used as your login usernames to our website)

OWNERSHIP: _____ Sole Owner _____ Partnership _____ Corporation

City/County Business License # _____ County your Business is located in: _____

PRINCIPAL:

 (Name) (Title) (SS #)

 (Home Address)

PRINCIPAL:

 (Name) (Title) (SS #)

 (Home Address)

PRINCIPAL:

 (Name) (Title) (SS #)

 (Home Address)

OTHER EMPLOYEES AUTHORIZED TO USE THE ACCOUNT: _____
