



**NATIVE TEXAS  
NURSERY**  
16019 Milo Road  
Austin, Texas 78725

(512) 276-9801 Nursery  
(512) 276-9820 Nursery Fax  
sales@nativetx.com

(512) 328-2004 Business Office  
(512) 328-6930 Business Fax  
heather@nativetx.com

## Credit Application

Firm Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Billing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Name of person responsible for Accounts Payable: \_\_\_\_\_

Email Address for Accounts Payable: \_\_\_\_\_

Nature of business: \_\_\_\_\_ Years in business: \_\_\_\_\_

Is the business a:  Corporation?  Partnership?  Sole proprietorship?

Is the business:  Taxable?  Non-Taxable? ID # \_\_\_\_\_

(Please attach Texas Sales & Use Resale Certificate if you are NON-TAXABLE)

List five (5) firms where you have an established credit account:

Firm Name	Phone #	Fax #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Terms of Credit:** I understand that the information furnished to Native Texas Nursery, Inc. on this credit application is for the purpose of obtaining business credit from that firm and that I am authorized, in my capacity, to bind my firm accordingly. I FURTHER UNDERSTAND THAT ALL ACCOUNTS AND MONIES ARE DUE AND PAYABLE 30 DAYS FOLLOWING THE DATE OF INVOICE AND THAT NO STATEMENTS WILL BE SENT. My failure to make timely payments will result in the revocation of my credit account. Any special payment arrangements made are clearly stated on this application and are signed by the applicant, a representative of Native Texas Nursery, Inc., and a corporate officer of Native Texas Nursery, Inc. **There is a \$50.00 fee for all returned checks. Accounts 30 days past due will be charged a finance charge of 1.5% per month (18% per annum). All items are due and payable in Travis County, Texas.**

**Personal Guarantee:** In consideration of credit being extended to the above named firm I personally guarantee all indebtedness hereunder. I further agree that this guaranty is an absolute, complete and continuing one and no notice of the indebtedness or any extension of credit already or hereafter contracted or extended need be given. The terms may be rearranged, extended, and/or renewed without notice to me. I will, within five (5) days from the date of notification of a past due account, pay the amount due.

**IF THE APPLICANT IS A CORPORATION, THIS CREDIT APPLICATION MUST BE SIGNED BY AN OFFICER OF THE CORPORATION WITH THE AUTHORITY TO INCUR DEBT FOR THE CORPORATION AND WITH FULL AWARENESS AND UNDERSTANDING OF ASSUMPTION OF PERSONAL LIABILITY.**

What is your anticipated monthly dollar volume with us? \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

*You may return this via fax, email or USPS.*