



MATSUI NURSERY INC., Salinas, CA

# APPLICATION FOR CREDIT

*This information is confidential and for accounting purposes only.*

**PRINT OR TYPE**

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## SECTION I

### BUSINESS INFORMATION

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

P.O.Box or Street

City

State

Zip Code

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Company in business Since (Date) \_\_\_\_\_ Corporation:  Yes  No

Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

Partnership  Sole-Proprietorship  Other

If Other, Please Explain \_\_\_\_\_

Property:  Owned  Leased  Rented

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## SECTION II

### NAMES AND TITLES OF PRINCIPALS

Full Name \_\_\_\_\_ Telephone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Residence Address \_\_\_\_\_

Street

City

State

Zip Code

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of License \_\_\_\_\_

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## SECTION III

### BANK REFERENCES

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Street

City

State

Zip Code

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Checking Account # \_\_\_\_\_

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**SECTION IV****TRADE REFERENCES**

PLEASE LIST ONLY THOSE TRADE REFERENCES WITH WHICH YOU HAVE AN OPEN LINE OF CREDIT

1. Company Name \_\_\_\_\_ Telephone Number ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street

City

State

Zip Code

2. Company Name \_\_\_\_\_ Telephone Number ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street

City

State

Zip Code

3. Company Name \_\_\_\_\_ Telephone Number ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street

City

State

Zip Code

Accounts Payable Manager \_\_\_\_\_

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**SECTION V****PERSONAL GUARANTEE**

In consideration of MATSUI Nurseries extending credit to the undersigned in reliance on the application for credit above, the undersigned guarantees personally and on behalf of the business the payment of such sums of money as may become due to said firms for any goods or services furnished or sold to the undersigned. If suit is filed to enforce the payment of any sums which become due, the undersigned agrees to pay attorney's fee and costs of suit.

**BUSINESS PRINCIPALS PLEASE SIGN BELOW**Name \_\_\_\_\_  
Print or TypeName \_\_\_\_\_  
Print or Type

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_