



GARDEN
MARKETING
GROUP

Credit Application Form

Company Name _____ Credit Amount Requested _____
 Date _____ FED ID # _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Website _____

Business Information

Is Your Company Tax Exempt? Yes No If Yes, please forward a copy of your certificate.

Business Type (Partnership, Corporation, Public, Private, Etc) _____

If your company is publicly held, please submit a financial statement with this application.

Please list principles (officers and partners, including titles) _____

If there is a billing question or payment problem, who should be contacted for resolution?

Please include a phone number and email address.

Please list your financial institutions.

Including address and phone numbers.

Please list three of your current vendors and typical credit line required.

Including company name and phone numbers

I acknowledge that the above is true and accurate to the best of my knowledge.

Signature

Title

Upon completion, please fax to (469) 374-5451