

PAYNE'S NURSERIES & GREENHOUSES INC.

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304 CAMINO ALIRE • 505-988-8011



MAILING ADDRESS:
P.O. BOX 4817 SANTA FE, NM 87502

CREDIT APPLICATION

- PERSONAL APPLICATION-FILL OUT SECTIONS A, C, D, E & F
 BUSINESS APPLICATION-FILL OUT SECTIONS A, B, C & F

APPLICATION WILL NOT BE PROCESSED UNLESS ALL APPROPRIATE SECTIONS ARE FILLED OUT

SECTION A - APPLICANT INFORMATION (PERSONAL & BUSINESS)

NAME OF CREDIT APPLICANT _____ DATE _____
ADDRESS _____
STREET APT # CITY STATE ZIP
BUSINESS/WORK PHONE _____ HOME PHONE _____

SECTION B - BUSINESS INFORMATION (BUSINESS ONLY)

IF THIS IS A SUBSIDIARY:
NAME OF PARENT COMPANY _____
ADDRESS OF PARENT COMPANY _____
STREET CITY STATE ZIP
TYPE OF BUSINESS: (CHECK ALL THAT APPLY)
 PARTNERSHIP INDIVIDUAL PROPRIETORSHIP CORPORATION HOW LONG IN EXISTENCE? _____ YEAR
 CONTRACTOR FULL TIME LANDSCAPING NOT FOR PROFIT GROUP OR ORGANIZATION
 DEVELOPER PART TIME LANDSCAPING PART TIME GARDENING OTHER _____
IF CORPORATION:
STATE OF INCORPORATION _____ DATE INCORPORATED _____ FEDERAL TAX ID # _____
DO YOU BOND ANY WORK? YES NO
IF YES; BONDING INSURANCE AGENCY _____ NAME OF AGENT _____
ADDRESS _____
STREET CITY STATE ZIP
IF YOU ARE ENGAGED IN THE BUSINESS OF LANDSCAPING, PLEASE COMPLETE THE FOLLOWING:
NEW WORK - COMMERCIAL _____% RESIDENTIAL _____%
LANDSCAPE MAINTENANCE - COMMERCIAL _____% RESIDENTIAL _____%
HOW MANY LANDSCAPE CONTRACTS DO YOU COMPLETE PER YEAR _____ PRICE RANGE _____
DO YOU GARDEN FOR INDIVIDUALS? YES NO HOW MANY CLIENTS PER SEASON? _____
IF YOU ARE A BUILDER OR DEVELOPER, PLEASE COMPLETE THE FOLLOWING:
CONTRACT % BUILT _____ SPECULATIVE % BUILT _____
TYPE OF JOBS - COMMERCIAL RESIDENTIAL APARTMENTS
HOW MANY HOMES DO YOU COMPLETE PER YEAR _____ PRICE RANGE _____

SECTION C - CREDIT REFERENCES (PERSONAL & BUSINESS)

(PLEASE - NO CREDIT CARDS OR DEPARTMENT STORE CHARGE CARDS - LOCAL REFERENCES PREFERRED)

1) _____ CONTACT _____ PHONE NUMBER _____
ADDRESS _____
STREET CITY STATE ZIP

2) _____ CONTACT _____ PHONE NUMBER _____
ADDRESS _____
STREET CITY STATE ZIP

3) _____ CONTACT _____ PHONE NUMBER _____
ADDRESS _____
STREET CITY STATE ZIP

4) BANK: _____ CONTACT _____ PHONE NUMBER _____
ADDRESS _____
STREET CITY STATE ZIP

NAME OF PERSONS AUTHORIZED TO CHARGE ON THIS ACCOUNT:

1) _____ SIGNATURE _____
2) _____ SIGNATURE _____
3) _____ SIGNATURE _____

(CHARGES WILL BE ACCEPTED ONLY FROM THE ABOVE-LISTED PERSONS: ANY CHANGE IN AUTHORIZED AGENTS MUST BE SUBMITTED IN WRITING.)

SECTION D - PERSONAL INFORMATION

HOW LONG AT PRESENT ADDRESS? _____ RENT OWN _____ SOCIAL SECURITY NUMBER _____ BIRTHDATE _____

PREVIOUS ADDRESS _____ HOW LONG? _____

OTHER PREVIOUS ADDRESS _____ HOW LONG? _____

PRESENT EMPLOYER _____ PHONE # _____

DEPARTMENT _____ SUPERVISOR _____ EXT.# _____

HOW LONG? _____ EARNINGS \$ _____ WEEK MONTH YEAR

OTHER INCOME \$ _____ SOURCE OF OTHER INCOME _____

NEAREST RELATIVE NOT LIVING WITH YOU _____ PHONE NUMBER _____

ADDRESS _____
STREET APT # CITY STATE ZIP

SECTION E - INFORMATION ABOUT JOINT APPLICANT OR GUARANTOR

NAME _____ SOCIAL SECURITY NUMBER _____ PHONE NUMBER _____

ADDRESS _____
STREET APT # CITY STATE ZIP

BIRTHDATE _____ RELATIONSHIP TO APPLICANT _____

SECTION F

IN CONSIDERATION FOR THE CREDIT EXTENDED, THE UNDERSIGNED HEREBY GUARANTEES AND AGREES TO BE PERSONALLY LIABLE FOR ALL INDEBTEDNESS AND TO PAY ACCORDING TO THE TERMS OF SALE. THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE AND CORRECT. PERMISSION IS GRANTED TO VERIFY THIS INFORMATION AND/OR OBTAIN ADDITIONAL INFORMATION BY SECURING DATA FROM A CREDIT REPORTING AGENCY.

SIGNED _____ DATE _____

SIGNED _____ DATE _____