

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 THE 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. THERE IS NO GUARANTEE EXPRESSED OR IMPLIED ON DISCOUNTED PRODUCTS. UNDER NO CIRCUMSTANCES WILL WE BE HELD LIABLE FOR ANY AMOUNT GREATER THAN THE PURCHASE PRICE.

SIGNED _____ DATE _____
SIGNED _____ DATE _____