



P.O. Box 122 • Pineville, PA • 18946
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Credit Application

Business Name: _____ Phone: _____

Billing Address: _____ Fax: _____

Shipping Address: _____ Email: _____

City: _____ State: _____ Zip code: _____

Federal EIN: _____ PA Sales Tax Exempt? Yes/No

PLEASE ATTACH A COPY OF YOUR SALES TAX EXEMPTION CERTIFICATE.

Principal Owners or Officers:

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip code: _____

Social Security Number: _____ D.O.B. : _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip code: _____

Social Security Number: _____ D.O.B. : _____

Bank Information:

Name of Bank: _____ Contact: _____

Address: _____ Phone: _____

Account Number: _____ Fax: _____

Credit References:

Name: _____ Address: _____

Phone #: _____ Email: _____

Name: _____ Address: _____

Phone #: _____ Email: _____

Name: _____ Address: _____

Phone #: _____ Email: _____

Credit Card Information:

Card Type (Please circle one): Visa Mastercard Discover

Name on Card: _____

Account Number: _____

Expiration Date: _____ Security Code: _____

Personal Guarantee:

I _____ for and in consideration of your extending credit at my request hereby personally guarantee to you the payment of any obligation of the above company and hereby agree to bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed

Signature of Guarantor: _____ Date: _____