

Credit Application



Horticultural Supply

Photocopy this form and fax to either:

Kinney Bonded Warehouse, Inc.

102 N. 13th Street, Donna, Texas 78537
956.464.4491 FAX 956.464.8455

12601 CR 1114, Tyler, Texas 75709
903.509.8803 FAX 903.509.8493

Applicant: _____

Business Physical Address: _____

Billing Address: _____

E-mail Address: _____ Phone #: _____ Fax: _____

Accounts Payable Contact Person: _____ Phone #: _____ E-Mail: _____

Type of Business: _____

Firm is: _____ Amount of Credit Requested: _____

☐ Proprietor

☐ Partnership

☐ Incorporated under the laws of _____

NAME OF OWNERS (OR CORPORATE OFFICERS)

Name	Title	Home Address	Phone	E-Mail

Principal Suppliers with whom Credit is Established. (Please list at least three.)

Name	Home Address	Phone/Fax Number

Applicant agrees to pay Kinney Bonded Warehouse, Inc. according to the terms of its invoice. Applicant agrees to pay a 1.5% per month service charge on all amounts not received within invoices stated terms. Should it become necessary to place the account with a collection agency or attorney applicant agrees to pay all reasonable attorney fees and costs of collection.

I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS. I HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE AND HAVE RETAINED A COPY OF THE AGREEMENT FOR MY RECORDS. I FURTHER AUTHORIZE THE ABOVE CITED REFERENCES TO SUPPLY PERTINENT INFORMATION AS MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES. I ALSO AUTHORIZE A FAXED COPY OF THIS AGREEMENT TO ACT AS A LEGAL ORIGINAL DOCUMENT.

Applicant: _____ Tax ID/ SSN: _____ Date: _____

Signature & Title of responsible Officer/Owner

THE UNDERSIGNED ACKNOWLEDGE AND ASSUME PERSONAL AND INDIVIDUAL LIABILITY FOR DEBTS INCURRED IN THE NAME OF THE APPLICANT:

INDIVIDUAL: _____ Date: _____ INDIVIDUAL: _____ Date: _____

INDIVIDUAL: _____ Date: _____ INDIVIDUAL: _____ Date: _____

CREDIT DEPARTMENT USE ONLY

Date Received		Date Processed	
Customer Account Code		Credit Limit	
Sales Person		Credit Manager	