



**A:** P.O. Box 260, Bridge Station, Niagara Falls, NY, 14305

**T:** 905-648-1911 **F:** 905-648-8441

## CREDIT APPLICATION

(Please Print)

### PART 1 GENERAL

Legal Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Proprietor \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Years in Business \_\_\_\_\_

Principal's Name (s): \_\_\_\_\_

Principal's Residence Address: \_\_\_\_\_

Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Accounts Payable Email Address: \_\_\_\_\_

USA Federal ID # \_\_\_\_\_

### PART 2 BANK

I/We agree to give authorization to **Braun Nursery Limited** to conduct inquiries into our credit and banking history.

\*\* Must have your bank account number if Credit Requested is over \$ 500.00 \*\*

Name of Bank \_\_\_\_\_ Bank Contact \_\_\_\_\_

Bank Address \_\_\_\_\_

Transit # \_\_\_\_\_ Account # \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_



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**PART 3 CREDIT LINE**

Requested Amount: \_\_\_\_\_ (If not stated, limit will be set at \$500.00)

I/We request a monthly credit account in the sum stated above and agree to abide by your terms of net 30 days. I/We agree to pay interest on any overdue invoices at the rate of 2% per month (24% per year), plus any collection or legal fees incurred to collect monies owing.

\_\_\_\_\_  
Signature of signing officer                      Please Print Name                      Date

**PART 4 CREDIT/TRADE REFERENCES**

Your Business Name: \_\_\_\_\_

A minimum of three trade references with email, phone & fax numbers are required. For U.S. customers only. Please provide local fax numbers. (U.S. Toll Free numbers are appreciated, but are not always available from Canada).

**Please do not use credit/financial institutions or COD as references**

- 1. Company Name: \_\_\_\_\_  
    Contact Name: \_\_\_\_\_ Contact email: \_\_\_\_\_  
    Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
- 2. Company Name: \_\_\_\_\_  
    Contact Name: \_\_\_\_\_ Contact email: \_\_\_\_\_  
    Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
- 3. Company Name: \_\_\_\_\_  
    Contact Name: \_\_\_\_\_ Contact email: \_\_\_\_\_  
    Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Send completed credit applications (2 pages) to [annettek@braungroup.com](mailto:annettek@braungroup.com) or fax to 905-648-8441