

Len Busch Roses

Credit Application

4045 Highway 101 ***** Plymouth, MN 55446 ***** 763-478-6077 ***** 763-478-6009 fax

Business Name	
Phone () Fax ()	Form
DBAEmail	sent by:
Store Address:	
City State Zip	
Type of Business	
Year Established	
Owner's Name	
Home Phone ()	
Owner's Home Address	
Accounts Payable Contact	
Phone ()	
Business Legal Status:	
Proprietorship Partnership Corporation	
LLC LLPS Corp	
Federal Tax ID or SSN	
Do you own more than one shop?	
Names and locations	
Have you purchased from us before?Under what name	
Credit Information	
Estimated monthly purchases: \$	
Have you filed bankruptcy in the last seven years? YesNo Year	

Trade References: Name Account# Fax()_____ Ph(Name ______ Account# _____) Fax() Ph(Name Account#) Fax() Ph(**Bank Reference:** Name_____ Account# _____ Location I the applicant and undersigned, agree that in consideration for establishing an account, all charges will be paid in full within the terms of sales. I have read and agree to the published terms and conditions and agree to pay all costs of collection and litigation. The above information, as well as any information submitted for purposes of establishing an account and requesting credit, is true and complete. I authorize you to verify and collect information on me and my business, including but not limited to bank references, trade references and commercial credit reports. Signature _____ Title _____Date____ PERSONAL GUARANTEE In consideration of the extension of credit to . I hereby unconditionally guarantee payment of whatever amount shall at any time be owing (including cost of collection and reasonable attorney's fees) on account of goods hereafter delivered or services performed by Len Busch Roses to the above store. This shall be a continuous and irrevocable guarantee and shall continue in force notwithstanding any change in the form of such indebtedness, or renewals, or extensions granted. Signature Date Print Name_____ Home Phone ()_____ Home E-Mail Address Home address _____