

CREDIT APPLICATION

Return to: Urban Roots 15259 Cooper St Omaha NE 68138 Attn: Elise Free

Email: elise@urplants.com

Customer Information:

Firm Name:			Phone: ()	Fax: ()
DBA Name:			Email:		
Billing Address:			City	State	zZip
Shipping Address:			City	State	zZip
Accounts Payable Contact:		En	nail Address:		Prefer: Mail Email
Type of Ownership: Proprietorship		Partnership	Corporation	LLC	
Years in Business:	Tax ID	#:	Credit Reque	ested:	
Sales Tax Exempt: Yes / No Sales	es Tax E	Exempt #	Сору	of Exemption Certific	cate must be attached!
Principal Owners/Officers/Partne	ers				
Name:		Address:		Tit	tle:
Phone:	Cell: _		Email:		
Name:		Address:		Tit	tle:
Phone:	Cell: _		Email:		
Credit References:					
Do you have an established line of	credit fo	r your business?	If so, wh	nat is your average ba	lance?
Borrowing Bank Reference:					
Bank:		Ac	count #	Contact Person:	
Address:				Phone:	·
Checking Account:					
Bank:				Account #	
Address:				Phone:	
Trade References:					
Name:			Address:		
Phone:	Fax: _		Email:		
Name:					
Phone:	Fax: _		Email:		
Name:			Address:		
Phone:	Fax: _		Email:		
The undersigned requests that an account be verifies all information in this application is its financial creditworthiness and to investig this application is approved, my acceptance including finance charges. If collection actio attorney's fees. Urban Roots reserves the rig	accurate a ate any da and use of ons are req	nd provided for the put ta pertaining to the cred the credit so issued co uired, by lawsuit or oth	rpose of obtaining credit. The dit responsibility of the under- nstitutes my agreement to all erwise, the undersigned agree	undersigned authorizes Ur signed, including reports fr payment and other terms o es to pay all costs of collect	ban Roots to make inquiries into rom credit reporting agencies. If f credit established by Urban Roots tion, including reasonable
Signature of Officer, Partner, or Owner				Date	
Name (printed)					