

Q&Z Nursery, Inc

11409 East Flagg Road
Rochelle, Illinois 61068
Phone 815-562-3010 FAX 815-562-7488

Credit Application

Date _____
Please print and complete this form.
Mail to Q&Z Nursery.
[Download PDF format](#) (requires [Adobe Acrobat](#))

Firm Name	Phone ()	
Billing Address	FAX ()	
City	State	Zip
Shipping Address		
City	State	Zip

Pay Sales Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Number:
In Business Since:	
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual	
Name & Title of Principals:	

Bank Reference

Bank Name	Acct No.
Address	Contact
City	Phone ()
State	Zip
	FAX ()

Trade Reference

Firm Name	Contact
Address	Phone ()
City	FAX ()
State	Zip

Trade Reference

Firm Name	Contact
Address	Phone ()
City	FAX ()
State	Zip

Trade Reference

Firm Name	Contact
Address	Phone ()
City	FAX ()
State	Zip

Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with terms offered. The above information is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize Q&Z Nursery, Inc. to investigate references listed pertaining to my/our credit and financial responsibility. A service charge of 2% per month (annual rate 24%) will be charged on overdue invoices.

Firm Name _____

Title _____

By _____