

www.perennialfarm.com

Business Credit Application

Company Name		Contact	Date	
Bill to Address				
City, State, Zip		Years in Business		
Tel	Email			
Shipping Address (if diff	erent)			
Federal ID #		Corporation	Partnership	Individual
Names of Officers & P	artners			
Perennial Buyers Nam	e			
	Bank R	eference		
Bank Name	Tel	Ι		
City, State, Zip		Checking Acct	No	
	Trade R	eferences		
l. Company Name	Conta	ct Name	Tel	
Address:		Email		
2. Company Name	Conta	ct Name	Tel	
Address		Email		
3. Company Name	Contac	ct Name	Tel	
Address		Email		
★ Credit App	olication <u>cannot</u> be proces	sed unless emai	ls are included.	
Print Name		Signature:		
	ness days to process.			