

Delaware Valley Farm & Garden Center, Inc.
30 Viaduct Road
PO Box 187
Callicoon, NY 12723
Phone: (845) 887-5100
Fax: (845) 887-4917

APPLICATION FOR CREDIT CONTRACTOR/LANDSCAPER

Legal name: _____

Social Security # or FEIN: _____

Type of entity: ____ **Individual** ____ **Partnership** ____ **Corporation** ____ **LLC**

D/B/A: _____

Street address: _____

City: _____ **State** _____ **Zip** _____

Mailing address: _____

Phone #: _____ **Fax #:** _____

Mobile #: _____ **Other #s:** _____

Amount of credit requested: \$ _____

Terms: _____

Credit references:

Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

Name: _____ **Phone:** _____

Address: _____ **Fax:** _____

DVF&G -- APPLICATION FOR CREDIT (page 2)

Bank reference:

Name of bank: _____

Address: _____

Contact person: _____ **Phone:** _____

Checking account #: _____

Savings account #: _____

Names and titles of persons authorized to charge on your account:

I hereby authorize Delaware Valley Farm & Garden Center, Inc. to verify the above information for the purpose of establishing creditworthiness.

Signed, _____

Print name: _____

Date: _____