

**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**

**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:** \_\_\_\_\_