



LANGRIDGE PLANT SALES, INC.

14655 Hwy 23 Belle Chasse, La 70037
504-656-2162/Fax 504-656-7001
www.langridgeplants.com

APPLICATION FOR CREDIT

DATE: _____

BUSINESS NAME: _____

BILLING ADDRESS: _____

OWNER(S) NAME: _____

BUSINESS PHONE: (____) _____ FAX: (____) _____

HOW LONG IN BUSINESS: _____

YOU ARE A: A. __GROWER B. __RETAIL C. __RETAIL FLORIST D. __LANDSCAPER

3 TRADE REFERENCES:

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

AMOUNT OF CREDIT REQUESTING: _____

PERSON(S) TO CONTACT SHOULD PROBLEMS ARISE IN ACCOUNTING: _____

TERMS WILL BE NET 15 UNLESS AUTHORIZED BY MANAGEMENT

OUR DRIVER WILL BRING A COPY OF YOUR INVOICE ON DELIVERY DAY. YOU ARE RESPONSIBLE FOR MAKING PAYMENTS ON TIME WITH OR WITHOUT A DELIVERY. PAYMENTS NOT MADE ON TIME OR ANY NSF CHECKS MAY RESULT IN YOUR TERMS RETURNING TO C.O.D. OR CASH ONLY. ALL ACCOUNTS MUST BE BROUGHT UP TO DATE BY THE END OF THE YEAR. ALL DELIVERIES WILL HAVE A \$5.00 DELIVERY CHARGE. A 1.5% MONTHLY FINANCE CHARGE WILL BE APPLIED TO ALL PAST DUE ACCOUNTS.

