

# Commercial Credit Application

**T** Name \_\_\_\_\_  
**O** Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
EMAIL \_\_\_\_\_  
Phone \_\_\_\_\_



www.keystonegardens.com

250 Conestoga Rd

Wayne, Pa. 19087

610-688-5969

maureencarreno@keystonegardens.com

Business Type:  Sole Proprietor  Partnership  Corporation: State \_\_\_\_\_

How long in business: \_\_\_\_\_ D&B Number: \_\_\_\_\_

## Tax Exempt?:

## TAX EXEMPT #

Names/Addresses of Individuals or Partners	-or-	Name/Title/Phone Number of Corporate Officers
_____		_____
_____		_____
_____		_____

Name of Person to Contact Regarding Purchase Orders and Invoices, Title, Address, and Phone
_____
_____

Bank Reference	Account Number, Contact, Title, and Phone Number
_____	_____
_____	_____

Trade References: Company Name, Address, Contact and Title, and Phone Number
_____
_____

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.	SIGNED _____
	TITLE _____
	DATE _____