



# 2024 Contractor Credit Application

### Contractor Information

Company Name \_\_\_\_\_ Office phone # \_\_\_\_\_

Billing Address \_\_\_\_\_

Address of Operation (if different from above) \_\_\_\_\_

### Principal Contacts, Partners, Proprietors:

1. Name \_\_\_\_\_, Cell \_\_\_\_\_, Email \_\_\_\_\_

2. Name \_\_\_\_\_, Cell \_\_\_\_\_, Email \_\_\_\_\_

### References & Consent

Thank you for choosing to do business with Creative Landscape Depot Inc. ("CLD".) In order to keep your account current, we must obtain written authorization to receive your company's credit information from the references you have provided below. All information given to us will be kept in confidence.

I/we, \_\_\_\_\_ (your company name), hereby authorize Creative Landscape Depot to search and receive credit information regarding our company.

Signed: \_\_\_\_\_ Name and Title: \_\_\_\_\_

### Please provide three references who can be contacted to verify your credit history.

1. Company \_\_\_\_\_ Contact Name \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Company \_\_\_\_\_ Contact Name \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Company \_\_\_\_\_ Contact Name \_\_\_\_\_  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_

### Credit Card Authorization

By signing below, I/we authorize CLD to charge my/our credit card for any balances owed by me, my/our company, and it's employees. If an invoice(s) remains unpaid for a period of time that exceeds 60 days, CLD will charge your credit card for the outstanding balances. Your signature below will be taken as an understanding and acceptance of the statements listed within this credit card authorization.

Credit Card # \_\_\_\_\_ Expiry \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Print Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

### Acknowledgement of Terms

By completing and signing this application, I/we agree to the Terms and Conditions as listed at the bottom of each invoice, and the terms of this agreement. I agree that interest may be billed on all balances that remain outstanding beyond 30 days, at a rate of 2% monthly (26.82% annually). I understand that these policies may be changed at any time and without notice.

Your Name \_\_\_\_\_ Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**Amount of Credit Requested: \$ \_\_\_\_\_**

**Upon completion, please email a copy of this document to [receivables@creativelandscapedepot.com](mailto:receivables@creativelandscapedepot.com)**

**For Office Use Only:** Approval granted? YES/NO Terms Accepted: \$ \_\_\_\_\_ @ Net \_\_\_\_