



P.O. Box 91687  
Austin, Tx 78709-1687

# Credit Application

All account applications must be completed in its entirety and legible for department input or it will not be processed.

### Company Info.

Company Name: \_\_\_\_\_ President's Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Date Established: \_\_\_\_\_ How Long Established: \_\_\_\_\_

Physical Address (for the past \_\_\_\_\_ years): \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Mailing Address (if different from physical address): \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Tax ID# or SSN: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

# of Employees: \_\_\_\_\_ Est. Annual Sales: \_\_\_\_\_ Sales Area: \_\_\_\_\_

Tax Exempt?  Yes  No If yes, Tax ID# required: \_\_\_\_\_

**(IF YES, PLEASE PROVIDE TAX EXEMPTION FORM COMPLETED)**

Has the firm or any of its Principals ever been Bankrupt?:  Yes  No

If yes, please explain: \_\_\_\_\_

Person to contact about account: \_\_\_\_\_ Title: \_\_\_\_\_

### Business References (Major Suppliers – Please DO NOT INCLUDE Stone Suppliers)

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Business Contact: \_\_\_\_\_ Cust / Acct#: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Business Contact: \_\_\_\_\_ Cust / Acct#: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Business Contact: \_\_\_\_\_ Cust / Acct#: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Address: \_\_\_\_\_

### Bank References

(Name)	(Address)	(Acct#)	(Contact)
(Name)	(Address)	(Acct#)	(Contact)
(Name)	(Address)	(Acct#)	(Contact)

### Ownership

Sole Owner  Partnership  Corporation  State

Principal Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Sip: \_\_\_\_\_



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Date of Birth: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

SSN: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

### Credit Card Info.

Visa                       Mastercard                       AMEX                       Discover

Account #: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Ex. Date: \_\_\_\_\_ CV2 Code (3 digits on back of card): \_\_\_\_\_  
For AMEX 4 digits on the front of the card

### Inducement to Grant Credit

As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are also giving authorization to investigate and obtain information from the credit references listed.

Applicant agrees to pay the amount due within thirty (30) days of each invoice date. Balance beyond thirty days will be subject to a one- and one-half percent (1.5%) finance and interest charge per month (18% annual) or the highest rate allowable by law. Applicants account will be delinquent when any part of the account is thirty (30) days past due. Applicant agrees they are responsible for all charges on the account.

Applicant shall be liable for all costs and fees, including attorney and/or collection agency fees and expenses, incurred in pursuant and/or collection of any amounts past due, including interest charges. Applicant agrees that legal jurisdiction on this and all future contracts shall be at "Williamson County, Texas".

_____ Signature	_____ Print Name	_____ Title
_____ Signature	_____ Print Name	_____ Title

### Personal Guarantee

In consideration of credit being extended by FP Legacy Landscaping LLC to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or any other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to FP Legacy Landscaping LLC the faithful payment, when due, of all accounts of said applicant for the purchases made within five years next after the date of this application.

If payment is not received when due, the applicant undersigned also agrees to pay a monthly finance charge equal to 1 ½% (18% per annum) or the maximum amount allowable under applicable state law, of the unpaid delinquent balance until the account is paid in full. If the account is placed for collection, the applicant agrees to pay all costs and expenses of collection, including reasonable attorney's fees and expenses.

The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand by applicant or with respect to any security held by FP Legacy Landscaping LLC extension of time or payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee.

_____ Guarantor	_____ Print Name	_____ Date
_____ Social Security No.		

**Please Email to: [Office@fplegacylandscaping.com](mailto:Office@fplegacylandscaping.com)**



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## Credit Application

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### CREDIT DEPARTMENT USE ONLY

Line of Credit    Approved / Denied  
Comments:

Credit Limit    \$ \_\_\_\_\_  
Approved By: \_\_\_\_\_