



All Native, LLC
Post Office Box 1045
San Antonio, FL 33576-1045

Toll Free: (800) 449-2363
 Phone: (352) 588-3687
 Fax: (352) 588-4552

info@allnativeflora.com
www.allnativeflora.com

APPLICATION FOR CREDIT

Company Name: _____ Phone #: _____
 Address: _____ Fax #: _____
 City: _____ State: _____ Zip Code: _____ Email: _____
 Type of Business: _____ Date Established: _____ Fed ID #: _____
 Form of Business: Corporation Partnership Proprietorship (CIRCLE ONE) Soc. Sec. #: _____
 Is Business Exempt from Sales Tax? Yes No (CIRCLE ONE) **If yes, please forward copy of resale certificate with application*

Bond Information: NO CREDIT WITHOUT BOND

Bonding Company Name: _____ Bond #: _____ Bond \$: _____
 Address: _____ Phone #: _____

Owners, Partners, or Officers:

Name: _____ Title: _____ Phone #: _____
 Name: _____ Title: _____ Phone #: _____
 Name: _____ Title: _____ Phone #: _____

Accounts Payable Contact: _____ *Will accept invoices and statements via email?**
 Phone #: _____ Email: _____ Yes No (CIRCLE ONE)

**Note – The invoices and statements received via email arrive in a .pdf format and may be viewed using Acrobat® Reader®. These are identical to what would be received via mail. This allows you the option of online payments via e-check, Visa, or Mastercard. You may elect at any time to discontinue emailed correspondence if you decide it's not right for you. Contact us for a sample email.*

Credit and Banking References: Plant Suppliers only (list 3)

	Name	Address	Phone #:	Fax#:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Bank Name: _____ Account #: _____ Fax #: _____

Authorized Check Signers: Information required to make payments with company or personal check

Name: _____ D/L #: _____ DOB: _____ Exp. Date: _____
 Name: _____ D/L #: _____ DOB: _____ Exp. Date: _____
 Name: _____ D/L #: _____ DOB: _____ Exp. Date: _____

Please attach hard copies of drivers licenses.

