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CUSTOMER CREDIT APPLICATION

Please complete the following information and fax or email this form back to Dutchman Tree Farms for credit approval

Date: _____ Federal ID Number _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Organization Proprietorship: Corporation Partnership Other

(Please List Other) _____

Owner or Manager's Names:

(1) Name: _____

(2) Name: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Please list the names, addresses, and phone numbers of nurseries from which you have purchased nursery stock.

Company Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____	Company Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____
Company Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____	Company Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____

