



## PROJECT CREDIT LINE APPLICATION FORM

Company Name (Applicant): \_\_\_\_\_

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

\_\_\_\_\_

Contact: \_\_\_\_\_

Name

Phone #

Email Address

Project Name/Number \_\_\_\_\_

Project Address/Location \_\_\_\_\_

\_\_\_\_\_

Contractor or Project/Property Owner: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Estimated Cost of Materials/Credit Needed: \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Estimated Completion Date: \_\_\_\_\_

Contractor/Owner Pymt Schedule for Project (complete any that apply):

Down Payment (Amt/Date(s)): \_\_\_\_\_

Draws (Amt/Date(s)): \_\_\_\_\_

Upon Completion (Amt/Date): \_\_\_\_\_

Other (please describe): \_\_\_\_\_

The above named Applicant, in applying for a Project Credit Line, agrees to the following terms and conditions. A Joint Payment Agreement form must be completed prior to the release of any materials. The applicant agrees to pay Loma Vista Nursery, Inc. immediately upon the receipt of payment from the Contractor/Owner. If the payment from the Contractor/Owner is not made in Joint Payment the Applicant agrees to pay Loma Vista Nursery, Inc. immediately any amounts due. Applicant agrees to provide a PO for all orders specific to the job. A complete (or estimated) materials list for the Project should be attached to this Application.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**Please Attach Project Materials List and Joint Payment Agreement**  
**Loma Vista Nursery, 800-313-7010, fax 785-229-7201**