

# CLAVEY'S NURSERY INC.



Nursery 815/943-7778  
Fax 815/943-7785

6223 ALDEN ROAD • HARVARD, IL 60033

MEMBER: I.C.N., I.G.I.A., I.L.C.A., O.G.A., W.L.F.

## Credit Applicant's Certification & Authorization

### Certification

The undersigned certify the following:

1. I/We have applied for an open credit account from Clavey's Nursery, Inc. In applying for the credit, I/we completed a credit application containing various information for the purpose of the credit. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the credit application or other documents, nor did I/we omit any pertinent information.
2. I/We understand and agree that Clavey's Nursery, Inc. reserves the right to change the credit application review process to include verifying the information provided on the application with other suppliers of credit and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this credit, as applicable under the provisions of Title 18, United States Code, Section 1014.

### Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for an open credit account from Clavey's Nursery, Inc. As part of the application process, Clavey's Nursery, Inc. may verify information contained in my/our credit application and in other documents required in connection with the credit, either before the credit is approved or as part of its quality control program.
2. I/We authorize you to provide to Clavey's Nursery, Inc., any and all information that they request. Such information includes, but is not limited to, type of account, account balances; credit history; and average balances of accounts.
3. Clavey's Nursery, Inc. may address this authorization to any party named in the credit application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to Clavey's Nursery, Inc. the creditor is appreciated.

APPLICANT: \_\_\_\_\_

\_\_\_\_\_  
Signature of owner or officer

\_\_\_\_\_  
Date

Social Security Number of officer: \_\_\_\_\_