



CONFIDENTIAL CREDIT APPLICATION

33740 SE LUSTED RD * GRESHAM, OR 97080 * PHONE: 503-663-5224 * FAX: 503-663-7658

Firm Name _____ Phone _____

Email Address _____ Fax _____

Mailing Address _____

Address City State Zip

Shipping Address _____

Address City State Zip

Organization: Proprietorship _____ Corporation _____ Partnership _____ LLC _____

Owner(s) or Officers' Names: (1) _____ (2) _____

Home Address: _____

City, State, Zip: _____

Year Present Owner Established: _____ Federal ID #: _____

Do you have an established line of credit for your business? _____ Have you pledge collateral for your borrowings? _____

Have you ever been subject to a collections suit? _____ When? _____ Have you ever filed bankruptcy? _____ When? _____

Plant Purchases Trade References Only: Oregon Nursery references preferred (Please furnish COMPLETE info.)

Firm Name Street or Box # City State & Zip Fax

1. _____

2. _____

3. _____

4. _____

Borrowing Bank References

Name _____ Loan Account # _____

Address _____

Contact Person _____ Phone (____) _____

Checking/Savings Account:

Bank _____ Branch _____ Checking Account # _____

Address _____ Savings Account # _____

NOTE: All information submitted is held in strictest confidence; sole use to qualify applicant and determine line of credit. For your protection as well as ours, your signature as applicant is required (Sign lines 1 & 2 below).

Corporation, officers, partners or proprietors herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm. The consideration for this guarantee is the continued extension of credit to the firm by this creditor. (Sign line 1 below).

Line 1 Individual _____ Date _____

Applicant hereby agrees to pay service charges of 1-1 1/2 % per month on all accounts outstanding more than thirty days. In the event that it becomes necessary to enforce payment, applicant agrees to pay all collection, attorney, and/or court costs incurred by seller in such action, and service charge at the rate of 1-1 1/2 % per month on all amounts found due and payable. Applicant further agrees that if suit is necessary that such suit may be brought in Multnomah County, Oregon.

I hereby certify the foregoing to be true to the best of my knowledge

Line 2 _____ Date _____

Signature of Officer, Partner, or Owner