



FAIRDALE NURSERY AND COUNTRYSIDE NURSERY

13200 SW WILSONVILLE ROAD
WILSONVILLE, OR 97070
(503) 682-0511 FAX (503) 682-0332



CONFIDENTIAL CREDIT APPLICATION

BUSINESS DATA:

Company Name: _____

D/B/A's: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ Web Site: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ E-mail Address: _____

Organization: Proprietorship ___ Corporation* ___ Partnership ___ LLC* ___ Other: _____

* State and Date of Incorporation: _____ TIN: _____

Owners' or Officers' Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Owners' or Officers' Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Purchasing Contact Name: _____ Title: _____

Phone: _____ Fax: _____ E-Mail Address: _____

Accounts Payable Contact Name: _____ Title: _____

Phone: _____ Fax: _____ E-Mail Address: _____

TRADE REFERENCES: PLEASE PROVIDE COMPLETE NAMES AND ADDRESSES.

1. _____ 3. _____

Address: _____ Address: _____

City/St/Zip: _____ City/St/Zip: _____

Acct No: _____ Contact: _____ Acct No: _____ Contact: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

2. _____ 4. _____

Address: _____ Address: _____

City/St/Zip: _____ City/St/Zip: _____

Acct No: _____ Contact: _____ Acct No: _____ Contact: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

BANK REFERENCE:

Name: _____ Branch: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

APPLICATION PROVISIONS:

The representations provided in this application are complete and accurate. I understand the information provided will be relied upon to in the evaluation and extension of credit terms. I authorize the release of information by creditors and banks listed above, as well as other suppliers. The information submitted will be held in strictest confidence. Its sole use is to qualify an applicant and determine a line of credit.

The applicant agrees to be bound by the terms and conditions stated in this agreement. Terms are thirty days net from the date of the invoice. Interest will be charged at the rate of 1 ½ % per month (18% per annum) or the highest lawful rate in your state on all past due accounts. The applicant will be liable for all internal and external collection costs and attorney's fees in connection with any past due accounts placed for collection.

Signature: _____ Date: _____
Owner/Partner/President

Printed Name of Signer: _____ Title: _____

Signature: _____ Date: _____
Owner/Partner/President

Printed Name of Signer: _____ Title: _____