



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:		Applicant's Contact:	
Accounts Payable Contact:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:		Federal ID #:	
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:		
City:	State:	ZIP Code:
How long at current address?		
Telephone:	Fax:	E-mail:
Bank name:		
Bank address:		Phone:
City:	State:	ZIP Code:
Type of account	Account number	
Savings		
Checking		
Other		

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		

AGREEMENT

1. All invoices must be paid in accordance with our credit terms.
2. By submitting this application, you authorize Oregon Association of Nurseries to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES (MUST BE SIGNED BY AUTHORIZED PERSONNEL)

Title:	Title:
Date:	Date: