

# TERRA NOVA NURSERIES, INC.

10051 S MACKSBURG RD, CANBY, OREGON 97013 PH: 503-263-3150 OR 1-800-215-9450

## Credit Application

Business Name:/DBA \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/PRV: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/PRV: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Email Address: \_\_\_\_\_ Country: \_\_\_\_\_

Date Business Started: \_\_\_\_\_ # of Employees: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Type of Organization: Sole Proprietor Partnership Corporation; State of Incorporation: \_\_\_\_\_

Accts Payable Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## **OWNERSHIP**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of ownership: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ ST/PRV: \_\_\_\_\_ Zip: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of ownership: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ ST/PRV: \_\_\_\_\_ Zip: \_\_\_\_\_ SS#: \_\_\_\_\_

## **BANK REFERENCES \*\*\*\* WE CANNOT PROCESS WITHOUT FAX NUMBER \*\*\*\***

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/PRV: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Acct #: \_\_\_\_\_

## **TRADE REFERENCES \*\*\*\* WE CANNOT PROCESS WITHOUT FAX NUMBERS \*\*\*\***

Name: \_\_\_\_\_ ACCT#: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/PRV: \_\_\_\_\_ Zip : \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ ACCT#: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/PRV: \_\_\_\_\_ Zip : \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ ACCT#: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST/PRV: \_\_\_\_\_ Zip : \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**TERMS OF SALE:** Applicant agrees to pay its account within 30 days from date stated upon each invoice. We reserve the right to suspend or terminate credit or require C.I.A. payment on future orders until the account is current. Applicant agrees to pay a finance charge of 1.5 percent per month (18 percent per annum) on all amounts not paid within stated terms of sale. Applicant agrees to pay all cost of collection incurred by Terra Nova Nurseries, Inc., including but not limited to collection agency fees and attorney fees, whether or not any legal proceeding is initiated in any action to collect indebtedness. Applicant agrees that any collection suit may be brought in the County of Clackamas, State of Oregon. Applicant hereby warrants that all purchases made from Terra Nova Nurseries, Inc. for which credit is extended for commercial purposes in furtherance of applicants' business and not for personal purposes.

Applicant has carefully reviewed the above representations and certifies that they are complete and correct. Permission is hereby granted to Terra Nova Nurseries, Inc. to verify credit information from trade & bank references to make credit determination.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_