



Countryside Nursery  
Landscape Sales Yard

Mailing Address:  
13200 SW Wilsonville Rd. • Wilsonville, OR 97070  
Phone (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: \_\_\_\_\_