



Loen Nursery, Inc.

19205 SW Cipole Road, OR 97140 * Phone 503.625.5454 * Fax 503.625.6793

CREDIT APPLICATION

50% down required for first order upon approved credit. Second page must be signed

(PLEASE PRINT CLEARLY)

Firm Name: _____ Phone: _____ Fax: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

EMAIL: _____ WEB Site: _____

Legal Status: Corporation [] Partnership [] Proprietorship []

Landscape Contractors Board License: _____ Contractors License: _____ Federal Tax ID #: _____

Type of Business: _____ Year Established: _____ At present location since: _____

If less than 2 years, list prior business: _____

Officers or Owners Name:	% of Ownership:	Title:	Residence Address:	Phone:	Cell:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Bonding Co. _____ Address _____ Tel _____

Name of Bank: _____ Branch: _____ Address: _____ Zip: _____ Phone: _____

Checking Acct. # _____

Credit References: *(Include firms from whom you are currently purchasing nursery products on open account)*

Name:	Address:	City:	State:	Zip:	Phone:	Fax:
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Amount of credit requested: \$ _____

Person responsible for Accounts Payable: _____ Phone: _____ Days/Hrs Available: _____



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CONTRACT AGREEMENT

In return for nursery stock and/or materials provided by Loen Nursery, Inc., I promise to pay, when due, the total amount shown on the statement from Loen Nursery, Inc. I also promise to pay any late payment charge(s) that may become due.

I understand that a late payment charge of 1 1/2% per month will be added to my account on any invoice 30 days or older; or if applicable state laws require a lesser charge, the maximum allowable contract rate will apply. I also understand that a fee of \$25.00 will be added to my account for all checks returned due to Non Sufficient Funds and that all NSF checks can be collected through an ACH withdrawal from my checking account.

I understand that if I miss a payment, or break any other promise made under this agreement, Loen Nursery, Inc., may at its option, require payment of the entire outstanding balance of my account immediately. I further understand that Loen Nursery, Inc. may do this if I make any false or misleading statements on my application for credit.

I understand that if it becomes necessary for Loen Nursery, Inc. to obtain the services of an attorney to secure collection of my account, I will be responsible for payment of all such attorney fees, regardless of whether suit is instituted. I understand that if suit is filed against me to secure collection, I hereby consent to Loen Nursery, Inc.'s selection of Washington County, Oregon as the proper venue for filing of such suit, and expressly waive any claim I might have to placing the suit in another county or state.

If this account becomes past due, and Loen Nursery, Inc. turns it over to a collection agency I agree to pay, in addition to the total indebtedness, an amount equal to the fees and costs charged by the collection agency to secure such payment.

I expressly authorize Loen Nursery, Inc. to inquire into my credit and banking references as disclosed on my application and understand that Loen Nursery, Inc. may retain said application regardless of whether credit is granted. I further agree to immediately notify Loen Nursery, Inc. in the event that any of the information contained on my credit application needs to be corrected or brought current. I agree to provide to Loen Nursery, Inc. any such additional information requested by them, at any time, in order that they may decide to make the requested extension of credit.

In the event that the undersigned applicant for credit is a corporation, I represent that I have the lawful authority to bind said corporation for payment of all sums due, and that my signature, together with said corporation, will also make me personally responsible for payment in the event that the corporation fails to pay all sums when due, or otherwise breaks the terms of this agreement. It is understood that credit would not be extended, to said corporation, without this assumption of personal liability.

Dated this _____ day of _____, 2____

Applicant or Company Name: _____

Authorized Signature: _____ **Title** _____

Personally Guaranteed By:

Signature

SS#

(Please Print Name Here)

Check if you need a copy of this signed agreement.