



BIZON
NURSERY

29895 SW Kinsman Rd
Wilsonville, OR 97070
Office: 503-682-2435
Fax: 503-682-2758

Credit Application

For the purpose of obtaining credit, the undersigned submits to Bizon Nursery Company the following information, which is warranted to be full, correct and complete. In the event of a substantial change in the information, the undersigned promises to immediately notify Bizon Nursery Company.

BUSINESS CONTACT INFORMATION			
Company Name:			
Buyer Contact/s:			
Phone:	Fax:	E-mail:	
Mailing Address:			
City:		State:	ZIP Code:
Shipping Address:			
City:		State:	ZIP Code:
Sole proprietorship	Partnership	Corporation	Other:
Name of Owner/s:		State of Corp:	
Branch or Division? Y N If yes, give name and address of parent company.			
Parent Company Name:			
Parent Company Address:			
Names of Authorized Purchasing Agents:			
CREDIT AND HISTORY OF BUSINESS			
Date Business Established:			
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number	Phone Number	
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES (Oregon References Preferred)**Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:**E-mail:****Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:**E-mail:****Company name:**

Address:

City:

State:

ZIP Code:

Phone:

Fax:**E-mail:****AGREEMENT**

1. The above statement has been carefully read and all representatives made are correct. I hereby agree to pay my account within the terms of sale as stated upon each invoice. I further agree to pay a service charge of 2% per month (24% per annum) on all amounts not paid within stated terms of sale. In any action to collect my debt to Bizon Nursery Company, I hereby agree to pay all costs and expenses, including attorney's fees and court costs at the pretrial and appellate levels. Bizon Nursery Company does not extend credit on a consumer or non-business basis. The undersigned hereby warrants that all purchases made from Bizon Nursery Company for which credit is extended will be solely for commercial purposes in the furtherance of a business.
2. Claims arising from invoices must be made within five working days.
3. By submitting this application, you authorize Bizon Nursery Company to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Name:

Name:

Title:

Title:

Date:

Date: