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**BIZON**  
NURSERY

**WELCOME TO BIZON!**

**Customer Application and Agreement**

For the purpose of initiating a business relationship, 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 must immediately notify Bizon Nursery Company and may be asked to complete a revised Application and Agreement.

**AGREEMENT:** The above statement and following information has been carefully read and all representations made are correct. I/we hereby agree to pay my account within the terms of sale stated upon each invoice. I/we 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/we hereby agree to pay all costs and expenses, including collection agency fees, attorneys fees and court costs. The undersigned hereby warrants that all purchases for which credit is extended will be solely for commercial purposes in the furtherance of their business.

Below, I/we have indicated preferred terms:

**COD.** Complete the Application, excluding references. Invoice will be due at time of shipment.

**NET 30.** Complete the Application, including three references. Invoice will be due 30 days after shipment.

By submitting this Application and Agreement, I/we authorize Bizon Nursery Company to make inquiries into the banking and business/trade references that are provided.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

BUSINESS INFORMATION	
BUSINESS NAME	
PARENT COMPANY or NAME OF OWNER(S)	
TYPE: SOLE PROPRIETOR      PARTNERSHIP      CORPORATION      OTHER _____	
DATE ESTABLISHED:	STATE REGISTERED:
BANK NAME ADDRESS CONTACT NAME/TELE ACCOUNT #	
CONTACT POINTS	
PURCHASING AGENT or BUYER CONTACT NAME(S) TELE/FAX/EMAIL	<i>NOTE: we grant website/online ordering access and send a monthly eNewsletter</i>
BILLING CONTACT NAME(S) ADDRESS TELE/FAX/EMAIL	<input type="checkbox"/> <i>check here if you prefer or require accounting documents to be emailed</i>
SHIPPING ADDRESS	<input type="checkbox"/> <i>check here if you have multiple locations; please attach list</i>
MAILING ADDRESS	<i>NOTE: Catalog Mailing each July to kick-off the new season; invoices/statements</i>
BUSINESS/TRADE REFERENCES	
NAME, YOUR ACCOUNT # ADDRESS/CITY/STATE/ZIP PHONE/FAX/EMAIL	
NAME, YOUR ACCOUNT # ADDRESS/CITY/STATE/ZIP PHONE/FAX/EMAIL	
NAME, YOUR ACCOUNT # ADDRESS/CITY/STATE/ZIP PHONE/FAX/EMAIL	