



P.O. Box 275 ~ St. Paul, OR 97137

Phone: 503-633-8733 ~ Fax: 503-633-2027 ~ Email: brentano@brentanos-treefarm.com

APPLICATION FOR CREDIT

All questions MUST BE fully answered. All references MUST HAVE complete information.

Date _____ Nursery License No. _____
Firm Name _____ Email Address _____
Billing Address _____ Accts Payable Email _____
Phone _____ Shipping Address _____
Fax _____ IF DIFFERENT THAN BILLING _____

Type of Organization: _____ Corporation _____ Partnership _____ Individual

Names and Addresses of Corporate Officers, Partners or Owners:

Name _____ Name _____
Title _____ Title _____
Address _____ Address _____
Phone _____ Phone _____

Type of Business: _____ Bank Name _____
Owned/Leased: _____ Branch _____
How Long in Business? _____ Address _____
How Long at Present Location? _____
Person Responsible for Accounts Payable: _____ Phone _____
Contact Person _____

TRADE REFERENCES (must be current)

1 Name _____ 3 Name _____
City & State _____ City & State _____
Email (or Fax) _____ Email (or Fax) _____
2 Name _____ 4 Name _____
City & State _____ City & State _____
Email (or Fax) _____ Email (or Fax) _____

Applicants signature attests financial responsibility, ability and willingness to pay our invoices in accordance with terms offered.

Firm Name _____ **Signature** _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize this firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. A service charge of 1 1/2% per month (18% annually) will be charged on overdue invoices.