



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

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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 _____	<i>IF DIFFERENT THAN BILLING</i>

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 Co. Name _____	3 Co. Name _____
City & State _____	City & State _____
Email _____	Email _____
2 Co. Name _____	4 Co. Name _____
City & State _____	City & State _____
Email _____	Email _____

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.