



PO Box 100  
Amity, OR 97101

PH: 503-835-4533  
FX: 503-835-3004

## Credit Application

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Would you like to be added to our email list: Yes  No

Organization: Proprietorship  Corporation  Partnership  Individual  Federal I.D. No: \_\_\_\_\_

Owner(s) or Officers'

Name(s) \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Year Present Owner Established: \_\_\_\_\_ Do you have an established line of credit for your business? \_\_\_\_\_

A/P Contact: \_\_\_\_\_

### Plant Purchases Trade References Only: (Please furnish COMPLETE info.)

1. Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Borrowing Bank References:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Robinson Nursery Inc., is authorized to obtain financial and credit information on the above references and applicant agrees that the seller may utilize outside credit reporting services to obtain information in order for seller to evaluate credit decisions.

By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

The signer(s) have read and understand this credit application and acknowledge that the accuracy of the information provided hereon is the basis for the extension of credit.

**AGREEMENT**

The signer(s) promise to pay, when due, the total amount shown on the invoice/statement from Robinson Nursery Inc. If however, this account is not paid as agreed, the signer(s) agree to pay in addition to the amount owed, the (interest charge) stated on the invoice. The customer will reimburse Robinson Nursery Inc. for all collection agency fees, or reasonable attorney's fees even if no lawsuit is filed; if a lawsuit is filed, the attorney's fees shall be fixed by the court, or courts in which the lawsuit, including any appeal (or bankruptcy matter) is tried, heard or decided. I understand that if suit is filed against me to secure collection, I hereby consent to Robinson Nursery Inc., selection of Yamhill County, Oregon as the proper venue for filing of suit, and expressly waive any claim I might have to placing the suit in another county or state.

The signer(s) hereby authorize and consent to any contact or inquiry of any person, corporation or business of any kind at the time regarding credit standing and any other financial information. This authorization is in no way limited to or by the trade reference provided on the reverse side of this application. The undersigned indemnify and hold harmless Robinson Nursery from any and all liability connected with such contact or injury.

I understand that a late payment charge of 1 ½% 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 understand that in order to receive the volume discount listed on my invoice payment must be received within my credit terms.

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

I expressly authorize Robinson Nursery Inc., to inquire into my credit and banking references as disclosed on my application, and understand that Robinson Nursery Inc. may retain said application regardless of whether credit is granted. I further agree to immediately notify Robinson 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 Robinson 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 make me legally 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.

The signer(s) have read and understand this credit application and acknowledge that the accuracy of the information provided hereon is the basis for the extension of credit.

Date of application: \_\_\_\_\_



\_\_\_\_\_ Signature: \_\_\_\_\_

Applicant or Company Name

Personally Guaranteed By,



X \_\_\_\_\_  
Signature Printed Name Title

X \_\_\_\_\_  
Signature Printed Name Title

***After completing the above credit information, please fax back to 503-835-3004***

Completion of this application does not guarantee credit.