



3490 SW Halcyon Road
Tualatin, OR 97062
Tel: 503.638.6366
sales@pdnursery.com

Confidential Credit Application

Firm Name _____

Phone _____ Email _____

Mailing Address _____

City, State, Zip _____

Shipping Address _____

City, State, Zip _____

Trade References Only

Furnish complete information including e-mail.

<i>Firm Name</i>	<i>Address</i>	<i>City, State, Zip</i>	<i>E-mail</i>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Borrowing Bank Reference

Name _____ Account # _____

Address _____

Contact Person _____

Checking Account

Bank _____ Branch _____ Account# _____

Address _____

Note: All information submitted is held in strictest confidence; sole us to qualify applicant and determine line of credit. For your protection as well as ours, your signature as applicant is required below.

Applicant hereby agrees to pay service charges of 1-1/2% per month on all accounts outstanding more than 30 days.

I hereby certify the foregoing to be true to the best of my knowledge.

Applicant Signature _____ Date _____