

# Hari Nursery

7793 Silverton Rd. N.E.  
Salem, OR 97305

Phone: 503-364-4252, Fax: 503-391-0272 Email: info@harinursery.com

## CREDIT APPLICATION

### BUSINESS CONTACT INFORMATION

**Company Name:**

Billing Address:		City:	State:	ZIP Code:
Shipping Address:		City:	State:	ZIP Code:
Phone:	Fax:	E-mail:		
Date Business Started:		How Long at Current Address:		
Sole Proprietorship:		Partnership:	Corporation:	Other:

### BUSINESS AND CREDIT INFORMATION

Name of Owner, Title, Corporate Officer:		Title:	Phone:	
Name of Owner, Title, Corporate Officer:		Title:	Phone:	
Accounts Payable Person:			Phone:	
Bank Name:		Branch:		
Bank Address:		City:	State:	ZIP Code:
Bank Contact Person:		Phone:		
Type of account:	Savings:	Checking:	Other:	
Account Number:				

### BUSINESS/TRADE REFERENCES

**Company Name:**

Address:		City:	State:	ZIP Code:
Phone:	Fax:	E-mail:		
Contact Name:				

**Company Name:**

Address:		City:	State:	ZIP Code:
Phone:	Fax:	E-mail:		
Contact Name:				

**Company Name:**

Address:		City:	State:	ZIP Code:
Phone:	Fax:	E-mail:		
Contact Name:				

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice, unless other arrangements have been made.
2. Claims arising from invoices must be made within five (5) working days.
3. By submitting this application, you authorize Hari Nursery to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Name:	Date:
Name:	Date: