



CREDIT APPLICATION & ACCOUNT INFORMATION

Business Name: _____

Does the location have a Store Number or Code in your system? _____

Street Address: _____ City: _____ State: _____ Zip: _____

Will Call at F & B in Woodburn ___ OR Delivery to Location (Orders meet minimum, see delivery schedule) ___

Delivery Address: _____ City: _____ State: _____ Zip: _____

Receiving Hours: _____ AM - _____ PM MON TUE WED THU FRI (Circle which days)

Do you have early receiving hours for peak seasons? _____

Can you receive on Sundays? _____ Can you receive on Saturdays? _____

Are there any restrictions on size of truck at your location? _____

Do you have a Loading Dock? _____ Forklift? _____

Special Instructions: _____

Business Phone #: _____ Fax #: _____

Store Manager: _____ Email: _____

Plant Buyer: _____ Email: _____

Cell or Phone Ext: _____ Online Ordering Password: _____

Categories: Annual Indoor Perennial Edible Basket / Container

Plant Buyer: _____ Email: _____

Cell or Phone Ext: _____ Online Ordering Password: _____

Categories: Annual Indoor Perennial Edible Basket / Container

Plant Buyer: _____ Email: _____

Cell or Phone Ext: _____ Online Ordering Password: _____

Categories: Annual Indoor/House Perennial Edible Basket / Container

Type of Business: ___ Garden Center ___ Grocery Store ___ Farm / Hardware Store ___ Florist ___ Fruit / Seasonal Stand ___ Fundraiser / Plant Sale ___ Landscaper ___ Municipal ___ Broker ___ Wholesale Nursery

Prepricing Labels (Additional charge and pricing must be in 60 days ahead of season) YES NO

Note all items are provided with a scannable barcoded label. Please return provided Excel spreadsheet for pricing.

PLEASE INCLUDE A COPY OF YOUR RESELLER CERTIFICATE WITH APPLICATION. Thank You!

Office Use Only

Salesperson: _____ Price Level: _____ SKU Level: _____

Region & Ship To Route: SeaN Sea Seatac Pen Spok Yak TriC ID Boise EOr Gorge NCoast NW/W N SW Wa NE MID SE SW S SO MidCst SoCst Central CA

Order Minimum: _____ Freight Minimum: _____ Freight Maximum: _____ Delivery Days: _____



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Business Entity Name: _____

DBA: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ County: _____

Type of Business: Corporation: _____ Partnership: _____ Sole Proprietorship: _____

<u>Owners/Officers</u>	<u>Title</u>

Payables Manager: _____ Phone _____

Email for Statements: _____

Federal ID #: _____ or Social Security #: _____

How Long in Business: _____ How Long At Present Location: _____ () Owned () Leased

Credit References:

Creditor: _____

Address: _____ City: _____ State: _____ Zip: _____

Creditor: _____

Address: _____ City: _____ State: _____ Zip: _____

Terms:

All initial orders are COD. Thereafter, all invoices are due Net 30 days from the invoice date. Finance charges will accrue monthly on any past due balance at the rate of 1-1/2% per month (18% Annually). An account is considered past due if there is any unpaid balance older than 30 days.

I/We herein make this application to F & B Farms for credit. If credit is granted, we promise to pay all bills when rendered. In the event that payment is not made, and it becomes necessary for F & B Farms to obtain collection services or the services of an attorney to secure collection of this account, I/We will be responsible for all such collection fees, attorney fees, and court costs with all taking place in Marion County, Oregon.

If the applicant is a corporation, the undersigned is personally liable for the debts of said corporation owing F & B Farms. Everything that is stated in this application is correct to the best of my knowledge.

Signed: _____ Date: _____

_____ *Office Use Only* _____

Terms: COD Deposit Net 30 Credit Limit: _____ Manager Approval: _____