

Miles Nursery, Inc.

PO Box 760 ~ 7285 S. Lone Elder Rd. Canby, OR 97013
(503) 266-1506 ~ (503) 263-6172 fax

Credit Application

Company Name: _____
Company Phone: _____
Company Fax: _____
Company Email: _____
Billing Address: _____
Shipping Address: _____

Years in Business _____ Type of Business:
Corporation _____
Owner(s) _____ Partnership _____
Proprietorship _____
Other(indicate) _____

Bank _____
Branch _____ Phone _____

Trade References- (we prefer Nurseries in Oregon you do business with)

Name	Phone Number	Fax Number
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

I (we) understand the terms of sale are net 30 days and I (we) am (are) opening the account on that basis. All accounts not paid as agreed are subject to a 1.5% service charge per month. Should the account be assigned for collection, I (we) also agree to pay all collection fees and (or) reasonable attorney's fees.

Signed _____
Print _____
Title _____
Date _____