



20894 Arbor Grove Road, NE, St Paul, OR 97137 Tele (503) 678-6307 Fax (503) 678-6317
Email – Twinspringsnursery@gmail.com

NEW CUSTOMER CONTACT

Company Name

Address Street

City, State & Zip

Telephone

Fax#

Main Contact E-Mail Address

Please provide contact names for the following departments:

Orders

Accounts Payables

Claims

Are appointments required for deliveries? Yes or No

If yes, please provide Contact Name _____

Preferred delivery days _____

Name of Twin Springs Nursery Sales Representative

Any Special instructions that would help us provide the best service possible

Thank you for providing this information, we look forward to providing you with quality plants and excellent customer service during the spring shipping season.



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CREDIT APPLICATION

Please complete the following with current information required. Please be assured this information will be kept completely confidential and be used only for the purpose of establishing credit with our company.

Corporation

Business Name _____

Street Address _____ Telephone # _____

City, State & Zip _____ Fax _____

Federal ID Tax# _____ State ID Tax # _____

Guarantor's Name _____ Social Security # _____

Home Address _____ Telephone # _____

City, State & Zip _____

Partnership or Sole Proprietorship

Guarantor's Name _____ Social Security # _____

Street Address _____ Telephone # _____

City, State & Zip _____

Please List 3 Trade References

Business Name	Phone#	Fax #	Account #
1.			
2.			
3.			

*****MUST INCLUDE PHONE NUMBER AND FAX NUMBER*****

Bank Authorization

The undersigned authorizes release of information regarding our credit standing and the handling of our accounts with your institution to the company listed below.

Twin Springs Nursery Inc.

Bank Name - Checking	Address	Phone	Account #

Bank Name – Savings	Address	Phone	Account #

Signed by _____ **Date** _____

Guarantor's Signature

**CREDIT AGREEMENT AND GUARANTY OF DEBTS TO TWIN SPRINGS
NURSERY INC., St. Paul, OR 97137**

*Note: Read this agreement in full before signing it.

IF CREDIT IS EXTENDED TO ME/US BY TWIN SPRINGS NURSERY INC., I/WE AGREE, PROMISE TO PERSONALLY, JOINTLY AND SEVERALLY GUARANTEE ALL OBLIGATIONS AND CONTRACT AS FOLLOWS.

1. To pay to the order of Twin Springs Nursery Inc. at the above address in lawful money of the United States of America, each invoice covering purchases within 30 days of delivery (due date).
2. To pay interest on invoices or any part thereof, not paid when due as stated in paragraph 1 at the rate of 1.5% per month, which is an annual rate of 18% from due date until paid.
3. In case collection efforts or suit is necessary to collect for unpaid invoice, or part thereof, I/WE promise to pay all reasonable attorney fees, collection fees and court costs and all other costs of collection, including but not limited to long-distance telephones, photocopying expense, etc. including any trial and for an appeal from a trial. I/WE agree that venue for collection shall be in Marion County Oregon.
4. As guarantors of the debts and obligations of OBLIGOR to Twin Springs Nursery Inc., we waive any right to require Twin Springs Nursery Inc. to first proceed against the OBLIGOR before seeking us to honor the debt of the OBLIGOR, or to first pursue any other remedy against OBLIGOR prior to seeking us to honor the debt of the OBLIGOR. This means that if OBLIGOR fails to pay any debt or obligation when due, Twin Springs Nursery Inc. may proceed directly against us as guarantors without first pursuing legal or other action against the OBLIGOR.
5. I/WE agree that Twin Springs Nursery Inc. is not responsible for crop failure or disaster beyond their control.

FULL NAME OF FIRM _____

*INCORPORATED: YES _____ NO _____
*If incorporated, all Principals must sign as personally responsible for credit to be approved.

Signed: _____

Dated: _____



Twin Springs
NURSERY

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Current Availability

We are in the process of updating our weekly availability distribution list.

Please let us know if you'd like to be added and which way you'd like to receive it!

Check one: Your Company name _____

_____ No, please do not send any availabilities to our company

_____ Yes, send using email address: _____

_____ Yes, send to fax number: _____

Our availabilities are also available on our website at www.twinspringsnursery.com and are updated once a week.

Thanks for your response!