



33205 SE Oxbow Dr  
 Gresham, OR 97080  
 (503) 663-4844  
 Fax 1 (866) 386-5133

## CUSTOMER/CREDIT APPLICATION

**Please complete the following information and return this form to Sester Farms for credit approval.**

Date: \_\_\_\_\_ Fed Employer ID Number \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

EMAIL for credit application correspondence: \_\_\_\_\_

Telephone: \_\_\_\_\_ Year present Owner established: \_\_\_\_\_

Organization Proprietorship: Corporation \_\_\_ LLC \_\_\_ Partnership \_\_\_ Other (please list) \_\_\_\_\_

Owner or Officer's Names: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Home Address: \_\_\_\_\_

**Please list the names, addresses and telephone numbers of nurseries from which you have purchased nursery stock. (Oregon nurseries preferred).**

Company Name: _____ Mailing Address: _____ _____ Telephone Number: _____ Fax Number: _____	Company Name: _____ Mailing Address: _____ _____ Telephone Number: _____ Fax Number: _____
Company Name: _____ Mailing Address: _____ _____ Telephone Number: _____ Fax Number: _____	Company Name: _____ Mailing Address: _____ _____ Telephone Number: _____ Fax Number: _____

Have you ever declared bankruptcy ? \_\_\_\_\_ Date: \_\_\_\_\_

**Bank Reference**

We authorize the following bank reference to release credit information regarding our account to Sester Farms, Inc.

_____			_____		
Bank Name			Phone #		
_____			_____		
Banking Officer			Fax #		
_____			_____		
Address			checking account #		
_____			_____		
City	State	Zip	LOC or Loan #		

**TERMS FOR AUTHORIZATION TO RELEASE CREDIT INFORMATION**

Customer will be set up as a prepaid account. Sester Farms, Inc. accepts payments in the form of Credit Cards, Banks Wires, Terms requested are \_\_\_\_\_. A statement listing all unpaid invoices will be sent to you each month. Accounts which become past due will be assessed a service charge of 1.5% per month (annual percentage rate 18%). Delinquent accounts will be subject to review at any time. The undersigned hereby agrees to the terms stated above and authorizes the listed bank and credit references to release to Sester Farms Inc any information necessary to assist in establishing a credit account with them. In addition, Sester Farms Inc is authorized to gather additional financial information by running a commercial, business credit report. All information received by Sester Farms Inc will remain strictly confidential. In the event of collection the undersigned agrees to pay all internal and external collection costs, including collection agency fees and attorney fees in connection with any Delinquency placed for collection. Applicant and seller agree that any legal action deemed necessary shall be commenced and shall remain in the state or federal courts in Multnomah County, Oregon.

_____		_____	
By: (authorized signature of corporate officer, partner or owner)		Printed Name	
_____		_____	
Title		Dated	

**INDIVIDUAL PERSONAL GUARANTY** Date \_\_\_\_\_

I, \_\_\_\_\_ residing at \_\_\_\_\_  
Name of Personal Guarantor Home Address  
 \_\_\_\_\_ for and in consideration of Sester Farms Inc extending credit at my request to \_\_\_\_\_ hereafter referred to as the ("Company"), hereby personally  
Name of Company  
 guarantee to you the payment of any obligation of the Company, and I hereby agree myself to pay you on demand any sum which may be due to you by the Company whenever the Company shall fail to pay the sum. It is understood that this guaranty shall be a continuing guaranty and indemnity for such indebtedness of the Company. I am also giving my permission for Sester Farms Inc to run a personal credit report to determine my credit worthiness to personally repay this debt.

Signature \_\_\_\_\_