



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 _____