

Silver Falls Nursery LLC

Po Box 981 Silverton Oregon 97381

Office 503-873-8411

Accounting@silverfallsnursery.com

Business Information:

Business Name _____ Address _____

Social Security # _____ has the firm or any of it's principals ever been bankrupt? Yes ___ If yes, explain on back of this application:

Date _____ Phone _____ F AX _____

Zip _____ No _____

----- **Principal Owner Information:**

Address _____ Home Phone _____

_____ Zip _____

Social Security # _____
has the firm or any of it's principals ever been bankrupt? Yes ___ No ___

If Yes, explain on back of this application: -----

----- **Bank Reference Information:**

Bank Name _____ Acct # _____

Address _____

Bank Contact Person _____ -----

----- **Trade References:**

Name _____

F AX# _____

Name _____ F AX# _____

Name _____ F AX# _____

Address _____ ZIP _____

Address _____ ZIP _____

Address _____ ZIP _____

Failure to provide full and accurate FAX and address information of References will result in a substantial delay in processing. -----

----- **Personal Guarantee:** In consideration of credit being extended by Silver Falls Nursery LLC, to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Silver Falls Nursery LLC. the faithful payment, when due, of all accounts of said applicant for purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Silver Falls Nursery LLC, Inc., extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Any revocation of this guarantee shall be in writing and delivered to Silver Falls Nursery LLC

Signature of Applicant _____ Date _____

----- **Payment Terms and Conditions of Sale:** The applicant agrees to payment in full within 30 days of the invoice date. Any invoices not paid within 30 days of invoice date are subject to a finance charge of 1.5% per month (APR 18%).

All terms of payment are to be governed by Oregon Law and any legal action shall be venued in Marion County, Oregon . Applicant also agrees to all Terms and Conditions of Sale, including any warranties, as published in Silver Falls Nursery LLC Wholesale Catalog or website.

I, the Applicant or agent for the applicant, have read and agree to these payment terms, warranties, and conditions of sale, and grant. Silver Falls Nursery LLC the right to investigate the references listed above.

Signature of Applicant _____ Date _____ Title _____