

Cascadian Nurseries, Inc.
8900 NW Dick Rd
Hillsboro, Oregon 97124
PH: (503) 647-9292
FAX: (503) 647-9494

CREDIT APPLICATION

CONFIDENTIAL
CUSTOMER
INFORMATION

GENERAL INFORMATION:

1. Applicant

Applicant, whose name is listed below, hereby authorizes Cascadian Nurseries, Inc. (Supplier) to investigate all references and customary credit information sources for the purposes to extend credit to Applicant. Applicant acknowledges that Supplier will rely on these representations in determining whether to grant credit to Applicant. If any change occurs in any of the representations in this Application, Applicant agrees to immediately notify Supplier.

Applicant's Business Name _____ Phone(____) _____ Fax(____) _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

2. Business Information

Type of Business _____ Date Established _____ No. of Employees _____

Fed. Tax I.D.# _____

Accounts Payable Contact _____ City _____ State _____ Phone (____) _____

Branch or Division Yes List Name & Location of Parent Company, if any: _____

No City _____ State _____ Zip _____

Type of Organization: Sole Proprietorship Partnership Corp. - State of Incorporation _____ LLC - State of Organization _____

Type of Business: Grower Wholesale Nursery Retail Nursery Landscape Contractor Other _____

State License # _____ Bond Co. _____ Bond # _____

Sales Tax Status: Taxable Exempt (If Exempt, Attach Resale Certificate) Purchase Order Required: Yes No

Names, Titles, Addresses, and Social Security Nos. of Owners (sole proprietors, partners, members, and major shareholders):

Name _____ Title _____ Home Address _____
SSI - - _____

Name _____ Title _____ Home Address _____
SSI - - _____

Name _____ Title _____ Home Address _____
SSI - - _____

(Attach additional sheet if needed):

3. Financial Information

Date of Information _____ Current Assets \$ _____ Current Liabilities \$(_____)

Cash \$ _____

*Amount of Credit Desired: \$ _____

Total Assets \$ _____ Total Liabilities (\$ _____) Net Worth \$ _____

*Note: For credit in excess of \$10,000, a complete set of financial statements may be required. Financial statements may also be required on newly established businesses and in cases where credit history is limited.

4. Banking Information

Bank _____ Branch _____ City _____

Phone(____) _____

Contact _____ Checking Acct # _____ Savings Acct # _____

Loan Acct (s) # _____ Operating Credit Line Acct (s) # _____

5. Trade References

1) Name _____ Fax(____) _____
 Address _____ City _____ State ____ Zip _____

2) Name _____ Fax(____) _____
 Address _____ City _____ State ____ Zip _____

3) Name _____ Fax(____) _____
 Address _____ City _____ State ____ Zip _____

6. Credit Terms

All invoices are due 30 days from date of invoice. A service charge of one and one half percent (1.5%), or (18% per annum) may be assessed on delinquent invoices.

Applicant has carefully reviewed the representations set forth above and the terms and conditions on this form. Applicant certifies that all such representations are complete and correct. In the event of default, and if this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed.

Applicants signature attests financial responsibility, ability and willingness to pay in accordance with above terms.

Date: _____ Company _____ (Applicant)
 Authorized
 Signature _____ Title _____

7. Personal Guarantee

I, _____ (Guarantor), am an officer, director, member, and/or shareholder of _____ and/or its affiliates (collectively, the "Company"). For and in consideration of Cascadian Nurseries, Inc. (Supplier) extending credit at my request to the Company. **I personally guarantee prompt payment of any al all indebtedness of the Company to Supplier, whether now existing or incurred at any time in the future (the "Indebtedness").** This guarantee will be a continuing and irrevocable guarantee and indemnity for all Indebtedness, and my obligations under this Guarantee are direct, primary, and unconditional. This Guarantee will remain in effect until I give Supplier written notice of its termination: however, I understand that my delivery to Supplier of such notice will not affect any of my obligations to Supplier with respect to any Indebtedness then in existence.

I agree to pay all costs of collection that Supplier incurs in connection with Supplier's enforcement of this Guarantee, including attorney fees, whether or not any legal proceeding is initiated, and if such proceeding is initiated, I will also pay Supplier's attorney fees at trial and on appeal. I further consent to the jurisdiction of and venue in any state or federal court in Oregon, and I agree that the law of Oregon will apply.

This Guarantee contains the complete expression of my rights and obligations with respect to this Guarantee, and I have signed this Guarantee in my individual capacity and not as an officer or agent of any person or entity.

Guarantor:

 (Print Name) (Date)

 (Signature)

 (Address) (ST) (Zip Code)