



GOLD HILL SALES, INC.

11715 SW Hillsboro Highway • Hillsboro, Oregon 97123

503-628-1118 • Fax 503-628-2257

www.GoldHillNursery.com

Confidential Credit Application

Business Name _____

Phone _____

Mailing Address _____

FAX _____

Federal ID# _____

Shipping Address _____

Email _____

Yr. Established: _____

In the past five years have you operated under other names? Yes ___ No ___ If YES, what name? _____

Do you have an established line of credit for your business? Yes ___ No ___ If YES, in which *state? _____

Have you pledged collateral for your borrowing? Yes ___ No ___ *Required

Owner(s) or Officers

Organization: Proprietorship ___ Corporation ___ Partnership ___

1 Name _____ Address _____ Phone _____

2 Name _____ Address _____ Phone _____

Plant Purchases Trade Reference Only: (Please furnish COMPLETE information)

1 Name _____ Phone _____

Address _____ FAX _____

2 Name _____ Phone _____

Address _____ FAX _____

3 Name _____ Phone _____

Address _____ FAX _____

4 Name _____ Phone _____

Address _____ FAX _____

Bank Reference

1 Name _____ Acct # _____ Phone _____

Address _____ FAX _____

2 Name _____ Acct # _____ Phone _____

Address _____ FAX _____

Have you ever filed Bankruptcy? Yes ___ No ___ If yes, please enclose details.

Release to Creditors

Everything I have stated in this credit application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not credit is approved. I, hereby authorize you to verify all information contained in this application.

Buyer: _____ Date: _____

*Signature Required

