



WACD PLANT MATERIALS CENTER
16564 BRADLEY ROAD, BOW, WA 98232
Phone (360) 757-1094 • e-mail: wacd@ncia.com

CREDIT APPLICATION

NAME OF BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (if different from above) _____

PHONE _____ FAX _____ E-MAIL _____

FEDERAL ID# _____ YEARS IN BUSINESS _____

ARE YOUR PURCHASES TAX EXEMPT? _____ IF YES, PLEASE ATTACH A WASHINGTON STATE SALE TAX EXEMPTION CERTIFICATE TO THIS APPLICATION.

TYPE: CORPORATION _____ PARTNERSHIP _____ INDIVIDUAL _____ LLC _____

IF A CORPORATION OR A PARTNERSHIP, LIST NAMES, PHONE NUMBERS AND RESIDENCE ADDRESSES FOR ALL PARTNERS, OFFICERS, AND SHAREHOLDERS. IF NECESSARY, USE A SEPARATE SHEET.

1. NAME _____ POSITION _____

ADDRESS _____

PHONE _____ E-MAIL _____

2. NAME _____ POSITION _____

ADDRESS _____

PHONE _____ E-MAIL _____

3. NAME _____ POSITION _____

ADDRESS _____

PHONE _____ E-MAIL _____

HAS YOUR COMPANY EVER BEEN BANKRUPT OR SUED? ____ YES ____ NO

IF YES, PLEASE EXPLAIN _____

THREE TRADE REFERENCES (must be nursery related)

1. NAME _____ CONTACT _____

ADDRESS _____

PHONE _____ ACCOUNT # _____

2. NAME _____ CONTACT _____
ADDRESS _____
PHONE _____ ACCOUNT # _____

3. NAME _____ CONTACT _____
ADDRESS _____
PHONE _____ ACCOUNT # _____

BANK INFORMATION

NAME _____ CHECKING ACCOUNT # _____
ADDRESS _____ SAVINGS ACCOUNT # _____
CITY _____ STATE _____ ZIP _____
PHONE _____ CONTACT NAME _____

Terms are net 30. A twenty five percent (50%) deposit will be charged to secure orders. Past due accounts will be assessed a service charge of 1.5% per month at a rate allowed by local laws and necessary to cover related costs.

In the event that WACD Plant Materials Center employs an attorney or collection agency to collect any amounts due from applicant, then applicant shall be responsible for all cost of collection, including (without limitation) attorney's fees, court costs, and any contingency fees paid to a collection agent.

The undersigned applicant certifies that the information given is correct and complete.

AUTHORIZED SIGNATURE _____
TITLE _____ DATE _____