



Bee Friendly™ Fertilizers & Soil Amendment planbororganics.com

Credit Application

If you have questions on this application, please call 360-751-4897 and ask for Accounts Receivable.

Individuals & Sole Proprietorships

Please print above how you would like your account name to appear.

Owner's First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____ Cell _____

Corporations, Partnerships, Government Agencies and Other Organizations

Business Name _____

Primary Contact Person: First Name _____ MI _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Business Phone _____ Fax _____ Cell _____

Website _____

All Accounts

Type of Business or Crop(s) _____ Yrs in Business _____

E-Mail Address _____

Monthly Credit Line Requested \$ _____ Agronomist Name _____

Are purchase orders required? _____ If no, please list authorized signers below:

Shipping Address _____
(If different from above)

City _____ State _____ Zip _____

Bank Reference

Name & Branch _____ Account # _____

Contact Name _____ Phone _____

Fax _____

Credit References (please complete all information in full)

1. _____ Phone _____ Fax _____

2. _____ Phone _____ Fax _____

3. _____ Phone _____ Fax _____

Authorization to Release Information

I authorize the release of information regarding credit history to Plan "B" Organics® for credit purposes. Plan "B" Organics® will hold all information received in strict confidence and will not discuss this information with any person or business other than Plan "B" Organics® management and credit personnel.

Terms

I will pay my bills on time (i.e., payment for invoices dated in one month will be received by Plan "B" Organics® before the end of following month). Payment will be cash or check. (Plan "B" Organics® will not accept credit card payment for this account.)

1. I realize **Plan "B" Organics® does not want to be my bank**...even if I'm willing to pay high finance charges. However, if payment is not received as outlined above, I agree to pay finance charges of 1½% per month on unpaid balances, and that payments received will be applied first to payoff finance charges.
2. In the event that Plan "B" Organics® is forced to send my account to collections, I agree to pay Plan "B" Organics® collection costs, including attorney's fees.
3. In the event of a suit or any other legal action to collect monies due on this account, I agree to pay Plan "B" Organics® attorney fees and costs, at the trial level and on appeal.

Authorized Signature _____ **Date** _____

Print Signer's Name _____ **Title** _____

Please mail completed application to:

Plan "B" Organics®

1322 E. McAndrews Rd. Suite 201, Medford, OR 97504 ~ Email: abe@planborganics.com

For Plan "B" Organics® use only:

Credit Limit Approved \$ _____

Account # _____