



OVS Account / Credit Application

ALL ACCOUNTS:

Business Name: _____

Owner Name: _____ (first) _____ MI _____ (last)

Primary Contact: _____ (first) _____ MI _____ (last)

Mailing Address:

City: _____ State _____ Zip _____

Physical Address:

City: _____ State _____ Zip _____

Business Phone: _____ **Fax:** _____ **Cell:** _____

Website: _____

Email Address: _____

Crops Farmed: _____ **Assigned Agronomist:** _____

Years in Business: _____ **Are purchase orders required?** _____

NON-Oregon Customers: Are you Sales Tax Exempt? _____ If so, you must provide a signed Sales Tax Exemption Certificate or Reseller Permit.

List Authorized Signers below:

Shipping Address (if different from above):

City: _____ State _____ Zip _____

CREDIT ACCOUNTS:

Monthly Credit Line Requested: \$ _____

Bank Reference:

Name & Branch: _____ Account # _____

Contact Name: _____ Phone: _____ Fax: _____

Credit References (please complete all information in full)

1. Name: _____ Phone: _____ Fax: _____

2. Name: _____ Phone: _____ Fax: _____

3. Name: _____ Phone: _____ Fax: _____

4. Name: _____ Phone: _____ Fax: _____

Authorization to Release Information

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

Terms

Statements will be sent the first of each month. Payments are due by the 10th of each month. Payment must be made by cash or check. (OVS will not accept credit card payment for this account).

If payment is not received as outlined above, I agree to pay finance charges of 1½% per month on unpaid balances. Payments received after the due date will be applied first to outstanding finance charges. In the event that OVS is forced to send my account to collections, I agree to pay OVS' collection costs, including attorney's fees. In the event of a suit or any other legal action to collect monies due on this account, I agree to pay OVS' attorney fees and costs, at the trial level and on appeal.

Authorized Signature _____ Date _____

Print Signer's Name _____ Title _____

Please return completed application
by mail, fax or email to:

OVS Accounting Department - 2700 St. Joseph Rd, McMinnville, OR 97128
Fax: 503-474-0476 ♦ ovsaccounting@ovs.com

For OVS use only:

Approved Credit Limit: \$ _____ Account #: _____