



Credit Application



If you have questions on this application, please call 503-435-2700 (McMinnville), or 971-216-0111 (Aurora), or 800-653-2216, and ask for Accounts Receivable.

WWW.OVS.COM

Fax returned applications to 503-474-0476

Individuals & Sole Proprietorships

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

Owner's Last
First Name _____ MI ____ Name _____
Address _____
City _____ State _____ Zip _____
Business Phone _____ Fax _____ Cell _____

Corporations, Partnerships, Government Agencies and Other Organizations

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

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

1. I realize **OVS 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 1 ½% per month on unpaid balances, and that payments received will be applied first to payoff finance charges.
2. In the event that OVS is forced to send my account to collections, I agree to pay OVS's 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 OVS's attorney fees and costs, at the trial level and on appeal.

Authorized Signature _____ **Date** _____

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

Please return to either store, or mail completed application to:

**OVS – AR
2700 St. Joseph Rd
McMinnville, OR 97128**

For OVS use only:

Entered in HBS _____

Credit Limit Approved \$ _____

Entered in Agvance _____

Account # _____