

Oregon Aquatics, Inc.
Credit Application
(PLEASE FILL OUT IN FULL)

Business Name: _____

Contact Person: _____ **Phone:** _____ **FAX:** _____

Street Address: _____ **Mailing Address:** _____

City: _____ **State:** _____ **Zip Code:** _____

Type of Business: _____

Years in Business: _____ Years at this Address: _____

Type of Business: Sole Proprietor: Partner Corp Other

Proprietor's/President's/Owner's Name(s): _____

Federal ID#: _____

Owner (print): _____ **Social Security #** _____

Owner (print): _____ **Social Security #** _____

BANK REFERENCES

Bank: _____ Contact Person: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ FAX: _____

Checking Account #: _____ Savings Account #: _____

SUPPLIER REFERENCES

1. Name: _____ **3. Name:** _____

Acct #: _____ Acct #: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

FAX: _____ **FAX:** _____

2. Name: _____ **4. Name:** _____

Acct #: _____ Acct #: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

FAX: _____ **FAX:** _____

Owner (signature): _____ **Date :** _____

Owner (signature): _____ **Date :** _____

Oregon Aquatics, Inc. 90760 N. Prairie Rd., Eugene, OR 97402
Phone (541) 461-5537 Fax (541) 689-3980

**WE MUST HAVE A COPY OF YOUR BUSINESS/NURSERYMAN LICENSE IN ORDER TO
OPEN AN ACCOUNT**