

Jim's Water Gardening Credit Application

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 Name(s): _____
Federal ID#: _____ Credit Limit Requested: _____

BANK REFERENCES

Bank: _____ Contact Person: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ FAX: _____
Checking Account #: _____ Savings Account #: _____

SUPPLIER REFERENCES

1. Name: _____	3. Name: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
FAX: _____	FAX: _____
2. Name: _____	4. Name: _____
Contact: _____	Contact: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
FAX: _____	FAX: _____

Jim's Water Gardening, 90760 N. Prairie Rd., Eugene, OR 97402
Phone (541) 461-5537 Fax (541) 689-3980