



Dragon Gardens Northwest
 3622 N. Leverman St, Portland, OR, 97217
 P. 503-286-3500 / F. 503-283-0821
<http://www.dragongardens.com>

Credit Application

Legal Name: _____ Date: _____
 DBA: _____ Phone: _____
 Billing Address: _____ Fax: _____
 City: _____ ST: _____ Zip: _____
 Contact for Purchases: _____ Title: _____ Phone: _____
 Contact for Payments: _____ Title: _____ Phone: _____
 Credit Terms requested: Net 30 Net 60 Net 90 Other Credit Amount requested: _____
 How Long in business? _____ Type of business: _____
 Business Type: Corp. Sole Proprietorship Partnership State of Inc: _____ How long at present site: _____
 Previous Address: _____ Lease, Own

OWNERS AND OFFICERS: Please give full name and home address of owner(s), of if a firm, the names and titles of two officers.

Name: _____	Name: _____
Title: _____ SSN: _____	Title: _____ SSN: _____
Home Address: _____	Home Address: _____
City, St, Zip: _____	City, St, Zip: _____
Home Phone: _____	Home Phone: _____

TRADE AND CREDIT REFERENCES: List credit references for five current suppliers who you have established credit.

Company #1: _____	Company #2: _____
Address: _____	Address: _____
City, St, Zip: _____	City, St, Zip: _____
Tel: _____ Fax: _____	Tel: _____ Fax: _____
Account #: _____	Account #: _____
Contact Person: _____	Contact Person: _____

Company #3: _____	Company #4: _____
Address: _____	Address: _____
City, St, Zip: _____	City, St, Zip: _____
Tel: _____ Fax: _____	Tel: _____ Fax: _____
Account #: _____	Account #: _____
Contact Person: _____	Contact Person: _____

Company #5: _____	Company #6: _____
Address: _____	Address: _____
City, St, Zip: _____	City, St, Zip: _____
Tel: _____ Fax: _____	Tel: _____ Fax: _____
Account #: _____	Account #: _____
Contact Person: _____	Contact Person: _____