



COD Application

(PLEASE FILL OUT COMPLETELY)

6651 S Arndt Rd, Canby, OR 97013
Phone: 503-651-5650

We appreciate the opportunity to be of service to you. Please help us in processing your order by filling out the required items below. Thank you again for your interest in our nursery.

BUSINESS INFORMATION

Business Name: _____ Phone: _____ Fax: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Date Business Established: _____ Federal ID #: _____ E-mail: _____

Accounts Payable Contact: _____ Phone: _____

I would like to receive my confirmations, Invoices and Statements by Email: _____ **Mail:** _____ **Fax:** _____

TYPE OF BUSINESS

Grower Wholesale Nursery Retail Nursery Other: _____

Contractor-State: _____ License #: _____ Bond Co: _____ Bond #: _____

Are you owned by any outside Entity? Yes No If Yes: Name _____

Address: _____ Phone: _____

OWNERSHIP

Type of Organization: Sole Proprietor Partnership LLC Corporation

If a Corporation, Registered Agent Is: _____

Subsidiary; Parent Co.: _____

Give Name(s), Title(s), % of Ownership. Address and Social Security #'s of all Owners and Officers

Name: _____ Title: _____ % of Ownership _____ SS#: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____ % of Ownership _____ SS#: _____

Home Address: _____ City: _____ State: _____ Zip: _____