



Eshraghi
NURSERIES, LLC

trees



shrubs & vines



conifers



perennials





SERVICE QUALITY SELECTION

Welcome to Eshraghi Nursery!

We are so glad you have found us and we look forward to presenting you with our extensive list of Japanese maples, grafted conifers, ornamental woody shrubs, fruit trees, and perennials. You are invited to visit our website, www.eshraghinursery.com, where you can access our plant catalog, download the current availability, and even order online if you'd like!

This welcome packet has all you will need to start your customer profile at Eshraghi Nursery. The credit application and customer information form are where we gather your basic company information for setting up your account and determining if terms can be issued. Please submit these forms with your order when you are ready.

For sales questions, please call **503-628-8685 option 2**, or email sales@eshraghinursery.com.

We sincerely look forward to hearing from you! If you would like to visit our nursery to see what we do in person, contact us to set up a tour.

Warm regards,

Linda Hockersmith Eshraghi

Founder/Owner, Eshraghi Nurseries, LLC

ESHRAGHI NURSERY & ESHRAGHI FARMS**CREDIT APPLICATION**

26985 SW Farmington Rd. Hillsboro, OR 97123

Ph: 503.628.8685 Fax: 503.628.1426

AMOUNT OF CREDIT DESIRED _____**BUSINESS INFORMATION**

Business Name _____ Phone# _____ Fax# _____

Billing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Date Business established: _____ # of Employees _____ Federal ID# _____

Accounts Payable Contact: _____ Phone# _____ Fax# _____

Email Address: _____ Web Address: _____

Type of Business: ___ Grower ___ Wholesale Nursery ___ Retail Nursery ___ Other _____

OWNERSHIP

Type of Organization: ___ Sole Prop. ___ Partnership ___ LLC ___ Corp., State of Incorporation _____

Give Name (s), Titles, % of Ownership, address of All Owners or Officers:

Name _____ Title _____ % of Ownership _____

Home Address _____ City _____ State/Zip _____

Name _____ Title _____ % of Ownership _____

Home Address _____ City _____ State/Zip _____

REFERENCES: Bank

Name _____ Checking Acct # _____

Address _____ Savings Acct # _____

City, St, Zip _____ Phone # _____

COMMERCIAL TRADE REFERENCES: (Use Oregon vendors when possible)

Name _____ Contact _____

Address _____ City, St, Zip _____

Phone _____ Fax _____ e-Mail _____

Name _____ Contact _____

Address _____ City, St, Zip _____

Phone _____ Fax _____ e-Mail _____

Name _____ Contact _____

Address _____ City, St, Zip _____

Phone _____ Fax _____ e-Mail _____

Name _____ Contact _____

Address _____ City, St, Zip _____

Phone _____ Fax _____ e-Mail _____

CREDIT APPLICATION MUST BE SIGNED ON THIS PAGE TO BE VALID

Applicant has carefully reviewed the representations set forth above and certifies all such representations to be completed and correct to the best of his/her knowledge. Permission is hereby granted to **ESHRAGHI NURSERY or ESHRAGHI FARMS** or its agent, to verify credit information from trade and bank references and information provided and to make all other pertinent credit inquires as deemed necessary to make a credit determination.

TERMS OF SALE

Applicant agrees to pay its account within the terms of sale stated upon each invoice from **ESHRAGHI NURSERY or ESHRAGHI FARMS**. Applicant further agrees to pay a service charge of 1.5 percent per month (18 percent per annum) or the highest rate allowed by law, whichever is lower, on all amounts not paid within terms of sale. Applicant agrees to pay all costs of collection incurred by **ESHRAGHI NURSERY or ESHRAGHI FARMS** including, but not limited to collection agency fees and attorney fees, whether or not any legal proceeding is initiated. In any action to collect indebtedness of applicant to **ESHRAGHI NURSERY or ESHRAGHI FARMS** the prevailing party shall be entitled to recover its costs, disbursements, and attorney fees in connection with such action and any appeal or review. Should it become necessary to file suit to enforce payment, applicant and guarantor(s) agree that such suit may be brought in the County of WASHINGTON, State of OREGON. Applicant hereby warrants that all purchases made from **ESHRAGHI NURSERY or ESHRAGHI FARMS** for which credit is extended will be used solely for commercial purposes and furtherance of its business.

Date: _____ Company Name: _____

Please Sign Below:

Signed: _____ Signed: _____

Title: _____ Title: _____

PERSONAL GUARANTY

The undersigned Guarantor unconditionally guarantees and promises to pay when due all indebtedness of every nature now or hereafter at any time owing by applicant to **ESHRAGHI NURSERY or ESHRAGHI FARMS**. This guaranty covers principal, interest, service charges, attorney fees, and all other obligations of applicant. This is a continuing, irrevocable guaranty.

This guaranty shall remain fully enforceable despite any change in terms of any agreement between applicant and **ESHRAGHI NURSERY or ESHRAGHI FARMS** including but not limited to the following; changes, increases or termination of sales or credit to applicant; any change in collateral position for applicant's obligation; insolvency, bankruptcy, or reorganization of applicant; incorporation of applicant (if not already a corporation) or any change in organization, management, ownership or business of applicant. This guaranty shall remain fully enforceable notwithstanding any defense asserted by applicant. This guaranty may be modified only in writing, signed by **ESHRAGHI NURSERY or ESHRAGHI FARMS**.

Guarantor shall pay all attorney fees and costs incurred by **ESHRAGHI NURSERY or ESHRAGHI FARMS** in enforcing this guaranty, whether or not any legal proceeding is initiated. If this guaranty is signed by two (2) or more persons, their obligations shall be joint and several.

Date: _____

Guarantor Name: _____

Guarantor Signature: _____

Guarantor Name: _____

Guarantor Signature: _____

New Account Information

Please provide the following information so that we can set up your account with us correctly.

- 1) In addition to A/P, to what email addresses would you like invoices sent?

- 2) Mailing address for catalogs/plant literature:

- 3) How did you hear about us?

- 4) Do you arrange your own shipping? ___Yes ___No
 - a) If you use a specific carrier/broker, please provide their name and contact information:

- 5) Name and contact information for receiving:
 - a) If you have special receiving days/hours, please specify:

 - b) If you have special receiving instructions, please specify:

- 6) Default tagging instructions (please choose one):
 - a) ___ 100% ESH Tags (color picture, description, Eshraghi logo, recommended for retailers, see next page)
 - b) ___ 10-100% Push/Strip Tags (recommended for landscapers, growers, see next page)
 - c) ___ No Tags (recommended for landscapers)

- 7) Specify if you would like your retail prices, SKUs, and/or our UPCs added to the tags. If using ESH tags, a separate sticker will be printed and adhered to the tag. If using Strip tags, the information will be printed on the tags. Please contact the sales office to find out the current per tag cost.

a)



Dwarf shrubby habit with small, rounded star shaped leaves. Pinkish-red new growth and red margins on green base. Remains both red and green through summer. Becomes more intensely red and purple in fall.

Filtered or indirect sun.

Best in fertile, moist, well-drained soil.

3-5' tall by 4' wide.

Regularly.

Slow.

Zone 5. -20° to -10° F.

Eshraghi
NURSERIES, LLC.

Scan this quick response code with your smartphone for more information

X3313_010

ESH Tag

b)

\$11.00 6 51469 53759 2	Thuja occidentalis 'DeGroot's Spire' #1 SKU:DEG1 0.75 gal (2.84 L) Arborvitae
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Strip Tag with retail information