



PH: (707) 572-0269

FAX: (707) 443-1055

## CREDIT APPLICATION

For the purpose of establishing credit with Humboldt Greenhouse Covers, the undersigned applicant furnishes the following information. Applicant represents and warrants said information is true and correct statement of its financial condition.

Contact Name: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

### COMPANY INFORMATION

Full Legal Name/Business Entity	Phone Number	Fax Number
Physical Address	City	State      Zip Code
Billing Address	City	State      Zip Code
Company Type: Proprietorship _____ Partnership _____ Franchisee _____ Corporation _____ Other _____		
Nature of Business	Year Business Established	At present location since
Federal Tax ID (if incorporated) & State?	Contractor License No. (if applicable) & State	
Credit line requested (USD)	Tax exempt? (Yes or No, if yes provide a valid certificate)	PO# required? (Yes or No)
Accounts Payable Contact Name		

### BANK REFERENCES

Bank Name	Account #	Contact
Address	City	State      Zip Code      Phone #

### TRADE REFERENCES/PRINCIPLE INFORMATION

Company Name	Account #	Contact
Address	City	State      Zip      Phone
Company Name	Account #	Contact
Address	City	State      Zip      Phone
Principal Name	Title	Social Security No



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**Proprietor Guaranty / Authorization**

By signing this Application, I authorize Humboldt Greenhouse Covers or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize Humboldt Greenhouse Covers to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with Humboldt Greenhouse Covers and the marketing of other products and services to me and my business by Humboldt Greenhouse Covers. I further authorize Humboldt Greenhouse Covers to share the information received from my consumer credit report with Humboldt Greenhouse Covers parent, subsidiaries, and affiliates. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency the furnished the report. I also acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to Humboldt Greenhouse Covers required by, the agreement of which this Application is a part.

First Name	Initial	Last Name	Title	
Present Home Address	City	State	Zip Code	Home Phone Number
Date of Birth	Social Security Number		Driver's License Number & State	
Authroized Signature				Date

IN COMPLETING THIS APPLICATION FOR CREDIT, WE HEARBY AGREE THAT ALL AMOUNTS ARE PAYABLE WITHIN 30 DAYS FROM THE DATE REFLECTED ON THE INVOICE. IF THE INVOICE IS NOT PAID ON THE SAID DATE, THE INVOICE WILL BE VIEWED AS DELINQUENT. FURTHER WE AGREE TO PAY A DELINQUENCY FEE OF 1.5% PER MONTH ON ANY AMOUNT WHICH IS PAST DUE MORE THAN 30 DAYS FROM THE TERM DATE UNTIL PAID. THERE WILL BE NO RETURNS OR REFUNDS ON SPECIAL ORDERS AND A 20% RESTOCKING FEE WILL BE CHARGED ON ALL RETURNS. PURCHASE ORDERS WILL BE ACCEPTED AS LONG AS NO TERMS OTHER THAN THOSE SET FORTH BY ARE INCLUDED ON THE PURCHASE ORDER.

ALL RETURNED CHECKS WILL BE CHARGED A NSF FEE. THE NSF FEE WILL BE THE MAXIMUM AMOUNT ALLOWED BY THE STATE IN WHICH THE CHECK IS PAID. AFTER WHICH YOUR ACCOUNT MAY BE PLACED ON A "CASH ONLY" BASIS.

IF CREDIT IS GRANTED, WE THE UNDERSIGNED AGREE TO THE TERMS SET FORTH ABOVE AND CONDITIONS STATED ON EACH AND EVERY INVOICE. WE HEREBY PERSONALLY GUARANTEE THE PAYMENT OF ALL OBLIGATIONS TO HUMBOLDT GREENHOUSE COVERS UNTIL WITHDRAWN BY CERTIFIED MAIL. WE RECOGNIZE THAT THE CREDIT LINE MAY INCREASE OR DECREASE AT THE DISCRETION OF HUMBOLDT GREENHOUSE COVERS AT ANY TIME. I FURTHER AGREE THAT SHOULD THE ACCOUNT BE PLACED FOR COLLECTION DUE TO NONPAYMENT, I WILL BE RESPONSIBLE FOR ALL REASONABLE ATTORNEY / COLLECTION FEES.

ALL INDEBTEDNESS DUE TO HUMBOLDT GREENHOUSE COVERS IS DUE AND PAYABLE TO 1030 W DEL NORTE STREET, EUREKA, CA 95501.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY	
<input type="radio"/> Approved	<input type="radio"/> Declined
Credit Limit \$ _____	
Approval _____	Date _____

Once completed, please fax to (707) 443-1055  
 Do you have questions regarding the application?  
 Please contact us at (707) 572-0269