



a division of Skagit Horticulture

CUSTOMER CREDIT APPLICATION

Vendor Name:
NWH Account #
Address:
City, State, Zip:
Phone #
Fax #
Contact:
Monthly Credit Requested \$
Shipping Address (if different):
City, State, Zip:

Federal Tax ID #
DUNS #
Business Entity (check one)
Corporation
Partnership
Other (please specify)
Purchase Orders Required?

Type of Business:
Resale Tax Number: (enclose a copy)
Are you sales tax exempt?
Accounts Payable Contact:
Email account for Invoicing:

Year Established:
If so, exempt #
Phone #
Fax #

Officers of Company:
Name:
Name:
Name:

Position:
Position:
Position:

Financial Reference:
Bank:
Address:
City, State, Zip:
Contact:

Branch:
Phone #
Fax #
Account #

Credit References:
Name:
Contact:

Phone #
Email:
Fax #:

Name:
Contact:

Phone #
Email:
Fax #:

Name:
Contact:

Phone #
Email:
Fax #:

The above information is correct to the best of my knowledge. Invoice terms are Net 30 days, FOB shipping point. A late payment service charge equal to 1.5% per month will be assessed and reflected on your statement if your payment is delinquent. Accounts that have unpaid invoices 60 days old will be put on credit hold until all past due amounts have been paid. A \$25 service charge will be assessed on any returned checks. If legal action becomes necessary to collect delinquent accounts, purchaser agrees to pay all attorney fees, interest, and court costs including cost of appeals. The undersigned hereby acknowledges, understands and accepts the terms and conditions of this credit policy. The undersigned agrees to release credit information to the Northwest Horticulture, LLC credit and collections department. It is understood that the information will be held in strict confidence and is for the sole purpose of extending credit or updating existing credit files.

Signed: Title: Date: