



# CREDIT APPLICATION: BUSINESS ACCOUNT

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PDL:	CC:
Approved By:	Date:
Eclipse By:	Date:

Schaff Holdings Inc. Dba All Around Landscape Supply  
4760 Carpinteria Avenue, Carpinteria, CA 93013 – (805) 684-3115 – fax: (805) 684-2410

\*\*\* NOTE: AUTHORIZED SIGNATURE REQUIRED \*\*\*

Full Name of Firm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email address \_\_\_\_\_

How do you prefer to receive your invoices & statements? Check one: Emailed  Faxed  Mailed  Credit amount requested

Check one: Sole Proprietorship  Partnership  Corporation  Date incorporated & State \_\_\_\_\_

Federal Tax I.D. # \_\_\_\_\_ Resale # \_\_\_\_\_ Contractors # \_\_\_\_\_

**OWNERSHIP INFORMATION** (Name of Two Principals or Officers if not Sole Proprietorship)

1. Name \_\_\_\_\_ Title \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

**TRADE REFERENCES**

1. Company Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Company Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Company Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**BANK ACCOUNT INFORMATION**

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking Acct. # \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Other # \_\_\_\_\_

**AUTHORIZED BUYERS**

Do you use purchase orders? \_\_\_\_\_ Job Names? \_\_\_\_\_

**By signing, I (we) ask that an account be opened for myself/company. In the event an account is opened for myself/company, I (we) agree to the following terms and conditions:**

1. INVOICE TERMS: Net 30. Payment for all credit sales are due 30 days from purchase date. Payment is considered past-due 31 days from purchase date.
2. PAST-DUE INVOICES: Invoices more than 30 days past-due (60 days from invoice date) will cause Account to automatically be placed on COD status until account is current.
3. LATE CHARGES: 1.5 percent per month or maximum allowable rate. Minimum of \$ .50 per month.
4. ACCELERATION CLAUSE: In the event account becomes delinquent, Creditor reserves the right to accelerate and demand payment of the balance in full, together with all accrued interest, late charges and costs of collection.
5. PERSONAL GUARANTEE: In the event of default, the undersigned officer(s) agree to be jointly and severally liable for all amounts due therein.
6. COLLECTION FEES: In the event of default, I (we) agree to pay all reasonable attorney's fees, collection agency fees, and other costs incurred by Creditor to collect all amounts due.
7. AUTHORIZED BUYERS: I (we) agree to be responsible for all purchases made to this account by the authorized buyers above named and subsequently authorized by us unless I (we) have notified you/creditor in writing, that said parties are no longer authorized to charge to said account.
8. AUTHORIZATION TO CHECK CREDIT HISTORY: I hereby authorize Creditor or their Agent to investigate my references and credit history, including obtaining information from credit reporting agencies.

\_\_\_\_\_

Date \_\_\_\_\_ Signature (Authorized Officer Only) \_\_\_\_\_ Title \_\_\_\_\_