

# WESTERN STAR NURSERIES

P.O. Box 567, Sunol, California 94586

T: 925.862.2411 ☎ ar@westernstarnurseries.com ☎ F: 925 862 9008

## Application for Credit

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contractors License # \_\_\_\_\_

Physical Address (No P.O.box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address if different than above: \_\_\_\_\_

Visa/Mastercard Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

*\*\*\* Credit Card limit must be equal to, or greater than, the amount of approved credit on your account with us \*\*\**

### Type of organization:

#### Corporation:

Address of principal place of business : \_\_\_\_\_

State of Incorporation : \_\_\_\_\_

President's Name : \_\_\_\_\_

Vice President's Name : \_\_\_\_\_

Secretary/Treasurer's Name : \_\_\_\_\_

#### Partnership:

General Partners' Names : \_\_\_\_\_

Proprietorship: Owner's Name : \_\_\_\_\_

Home Address \_\_\_\_\_

Type of Business : \_\_\_\_\_

How Long in Business : \_\_\_\_\_

Credit Limit Desired : \_\_\_\_\_

Have you ever failed in business? : \_\_\_\_\_

Authorized personnel to charge on this account : \_\_\_\_\_

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Bank Reference: *Credit application cannot be processed without listing a Contact Person*

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone Number : \_\_\_\_\_ Fax: \_\_\_\_\_

**[Required]** Contact Name: \_\_\_\_\_

**[Required]** Contact email address: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

I submit this application for the purpose of obtaining credit from Western Star Nurseries. As agent or principal of the business described above, I authorize Western Star Nurseries to obtain such information as may be required concerning the statements in this application, and declare that all information submitted in this application is accurate and truthful.

Sign : \_\_\_\_\_

Print Name : \_\_\_\_\_

Title : \_\_\_\_\_

Date : \_\_\_\_\_

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## Credit References Wholesale Nurseries and Industry Related

1. Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City and State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_

2. Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City and State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_

3. Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City and State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Western Star's Terms and Conditions

Western Star Nurseries bases its extension of credit on delivery to a specific jobsite and the filing of Preliminary Lien information. Western Star complies with State Contract Law. Western Star Nurseries' terms are Net 30 days from date of delivery/pick-up. Invoices not paid within terms are subject to finance charges of 1 ½% per month (18% per year). I understand that any outstanding invoices that reach an age of 90 days will be charged to my credit card (listed on page one) on the 91<sup>st</sup> day.

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Name of Company: \_\_\_\_\_

Name: \_\_\_\_\_

Sign: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Main Office Phone #: \_\_\_\_\_

Contact for Purchasing: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact for Estimating: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contact for Accounts Payable: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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Authorized Purchasers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\*If additional space is needed, please attach as a separate document.

Required for Purchase (check all that apply).

Job Name

Job Number

Purchase Order Number

Verbal Order

No Pricing on Invoices

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Due to the tightening of regulations in the divulging of credit information, banks are now requiring written authorization from their depositor for release of any information in regard to their account.

Please sign this authorization for your bank and return it with your completed credit application.

Thank you.

☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆ ☆

I authorize Western Star Nurseries, LLC, to obtain such information as may be required concerning statements in this application, and agree what this application shall remain the property of Western Star Nurseries, LLC.

All sales are made pursuant to the terms and conditions of this contract.

Date: \_\_\_\_\_

I give my permission for the release of information about my account as required on the attached bank credit reference request.

Signature: \_\_\_\_\_

Name on account: \_\_\_\_\_

Account Number: \_\_\_\_\_