

IRISH EYES GARDEN SEEDS CREDIT APPLICATION

Business Information

Business Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Billing Address (If Different): _____

Business Type: Corporation Sole Proprietor Partnership

UBI #: _____ Is this account taxable? Yes No

Owner Information

Name: _____ Date of Birth: _____

Phone: _____ SSN: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Date of Birth: _____

Phone: _____ SSN: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Bank References

Bank Name: _____ Account #: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Please provide three credit references:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Terms of Agreement

1. I agree to pay my account within 30 days of any NET30 billing or within 10 days of any NET10 billing.
2. I understand and agree that my account shall bear interest at 18% per annum or the maximum rate allowed by the law.
3. Should this account become default I further agree to pay all reasonable costs, including attorney fees, but not limited to court and attorney fees allowable collection cost in addition to the principal indebtedness and interest thereon.
4. Venus clause: Any action to enforce this agreement will take place in the State of Washington, in Kittitas County.
5. I will notify Irish Eyes Garden Seeds of any business incorporation or name change in any way.
6. I shall remain personally liable for any outstanding debts owned to Irish Eyes Garden Seeds regardless of sale or transfer of ownership.

Signature: _____ Printed Name: _____ Date: _____

Please fax or email the completed copy of the application to Irish Eyes Garden Seeds for processing.

5045 Robinson Canyon Road, Ellensburg, WA 98926

Phone 509-933-7150 • FAX 509-962-4830 • customerservice@irisheyesgardenseeds.com