

# IRISH EYES GARDEN SEEDS WHOLESALE APPLICATION

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## Business Information

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

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Business Type: Corporation  Sole Proprietor  Partnership

Tax ID #: \_\_\_\_\_ Is this account taxable? Yes  No

## Owner Information

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: \_\_\_\_\_ Fax: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 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: Ant action to enforce this agreement will take place in the State of Washington, in Kittitas County.

I will notify Irish Eyes Garden Seeds of any business incorporation or name change in any way.

I shall remain personally liable for any outstanding debts owed 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  
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