## **IRISH EYES GARDEN SEEDS WHOLESALE APPLICATION**

How did you hear about us?		
Business Information		
Business Name:		
Shipping Address: (	City:	State: Zip:
Phone: Fax:	Email:	
Can you receive mail at your shipping address? Ye	s 🗌 🛛 No 🗌	
Billing Address (if different):		
AP Email:		
Business Type: Corporation Sole Propriet		
Tax ID #: Is this acc	ount taxable? Yes	No 🗌
Owner Information		
Name:	Date of Bir	th:
	SSN:	
Mailing Address: Ci		
Bank References		
Bank Name:	Account	#:
Bank Address: Ci		
Phone:		
Please provide three credit references:		
1	Phone:	Fax:
2		
3		
Terms of Agreement	· · · · · · · ·	
<ol> <li>I agree to pay my account within 30 days of any NET30 billing or billing and will be a pre-purchase customer where all payments are</li> </ol>		ng. I understand I may not qualify for NET
2. I understand and agree that my account shall bear interest at 189	% per annum or the maximum ra	te allowed by the law.
<ol> <li>Should this account become default I further agree to pay all reas fees, allowable collection cost in addition to the principal indebtedr</li> </ol>		fees, but not limited to court and attorney
4. Venus clause: Ant action to enforce this agreement will take plac	e in the State of Washington, in I	Kittitas County.
I will notify Irish Eyes Garden Seeds of any business incorporation o	r name change in any way.	
I shall remain personally liable for any outstanding debts owed to Ir		
Signature: Print	ted Name <sup>.</sup>	Date:

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