

## Credit Application for Vandenberg Bulb Company Inc.

Pick-ups: 4315 Oak Grove Rd., Howell MI 48855, Mailing PO Box 468, Howell MI 48844-0468; PH: 517-546-3813; FAX: 517-546-3429  
The undersigned company is applying for credit with Vandenberg Bulb Co. and agrees to abide by the standard terms and conditions of sale.

Company name: \_\_\_\_\_

DBA (if different): \_\_\_\_\_

Bill to Address: \_\_\_\_\_  
\_\_\_\_\_

Ship to Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Federal tax ID or Social Security #: \_\_\_\_\_

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

Date Business Established: \_\_\_\_\_

Types of products you will purchase: \_\_\_\_\_

Amount of credit requested \$ \_\_\_\_\_

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

No. of Employees: \_\_\_\_\_

Are you a:

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

Names, titles, and addresses of your three chief corporate officers  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of your resident agent: \_\_\_\_\_  
\_\_\_\_\_

PARTNERSHIP

Names and addresses of the partners  
\_\_\_\_\_  
\_\_\_\_\_

SOLE PROPRIETORSHIP

Are you sales tax exempt?  yes  no

Have you ever had credit with us before?  yes  no

If yes, under what name? \_\_\_\_\_

Authorized purchasers \_\_\_\_\_  
\_\_\_\_\_

### TRADE REFERENCES

#### Reference #1

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

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

Phone: \_\_\_\_\_

#### Reference #2

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

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

Phone: \_\_\_\_\_

#### Reference #3

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

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

Phone: \_\_\_\_\_

### BANK REFERENCES

#### Bank #1

Account #: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact person: \_\_\_\_\_

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

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

### GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. Statements are sent on the first day of each month.

2. All invoices if not paid with-in 30 days are deemed past due.

3. A service charge of 2% per month will be added to all amounts billed if not paid within-terms.

4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.

5. PERSONAL GAURANTEE: If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

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

Printed Name: \_\_\_\_\_ Date (title): \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Your company is exempt for the following reason(s). Please check all items that apply.

<input type="checkbox"/> Agriculture—Enter Social Security #:	
<input type="checkbox"/> Retail Sales—Enter your sales tax license #:	
<input type="checkbox"/> Resale of Wholesale—Enter Federal ID #:	
<input type="checkbox"/> Michigan Government Unit—Please enclose proof.	
<input type="checkbox"/> Tax Exempt hospital—Enter Federal exemption #:	
<input type="checkbox"/> Other Reason:	
<input type="checkbox"/> Your company has to be charged Sales Tax? (Non Exempt)	<input type="checkbox"/> <b>Yes</b>

*Authorized Signature:* \_\_\_\_\_

*Title and Date:* \_\_\_\_\_

**This certificate must be signed by an authorized representative of your company (tax numbers included),  
 or we will be forced by Michigan law to charge you sales tax.  
 Thank you for your cooperation.**

Sincerely,

Credit Department