

Starwest Botanicals, Inc.
APPLICATION FOR CREDIT

Date: _____ Starwest Salesperson: _____

Company Name: _____ Phone #: (____) _____

Fax #: (____) _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

At Present Location Since: _____ Year Established: _____

Ownership: Corp Partnership Proprietorship
Type of Business: Retail Sales Manufacturer Wholesaler

Desired Terms: _____ Desired Credit Limit: \$ _____

Estimated Annual Purchases from Starwest Botanicals, Inc: \$ _____

Resale # _____ State: _____

Name and Home Address of Owner(s) or Officer(s):

Name: _____ Title: _____ Phone #: (____) _____

Fax #: (____) _____

Social Security #: _____ (Partnership and Proprietorship)

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

Name: _____ Title: _____ Phone #: (____) _____

Fax #: (____) _____

Social Security #: _____ (Partnership and Proprietorship)

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

References: List only from whom you buy on open account. *Please complete in full.*

Name: _____ Acct #: _____ Phone #: (____) _____

Fax #: (____) _____

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

Name: _____ Acct #: _____ Phone #: (____) _____

Fax #: (____) _____

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

Name: _____ Acct #: _____ Phone #: (____) _____

Fax #: (____) _____

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

Are you listed with Dun & Bradstreet? Yes No Dun's #: _____

Bank Information:

Your Bank: _____ Branch: _____

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

Name of Officer: _____ Phone/ Fax #: (____) (____)

Account #: _____ Type: _____

Account #: _____ Type: _____

Authorization for Release of Bank Information:

Authorized Signature

Title/Full Company Name

11253 Trade Center Drive Phone #: (916) 638-8100	Rancho Cordova, CA 95742 Fax #: (916) 853-6031
---	---