



Credit Application

Date: _____ Starwest Salesperson: _____

Company Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Phone Number: _____ Email (A/P): _____

Years At Present Address: _____ Year Established: _____ Ownership Type: _____ Business Type: _____

Desired Terms: _____ Desired Credit Limit: \$ _____

Estimated Annual Purchase \$ Amount from Starwest Botanicals: \$ _____

Resale Number: _____ State: _____

Please email a copy of your resale certificate to AR@starwest-botanicals.com

Dun & Bradstreet (D&B) Account Number: _____

If no D&B Account Number, please provide credit references (REQUIRED):

Business Name: _____ Account Number: _____

Phone Number: _____ Email (A/R): _____

Physical Address: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Business Name: _____ Account Number: _____

Phone Number: _____ Email (A/R): _____

Physical Address: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Business Name: _____ Account Number: _____

Phone Number: _____ Email (A/R): _____

Physical Address: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____



Credit Application

Name & Home Address of Owner(s) or Officer(s) (REQUIRED):

Name:	Title:	EIN# or SS#:
Phone Number:	Email:	
Home Address:		
City:	State/Province:	Zip/Postal: Country:
Name:	Title:	EIN# or SS#:
Phone Number:	Email:	
Home Address:		
City:	State/Province:	Zip/Postal: Country:

Bank Information (REQUIRED):

Bank Name:	Contact:	Account #:
Phone Number:	Email:	
Address:		
City:	State/Province:	Zip/Postal: Country:

Authorization for Release of Bank and D&B Information (REQUIRED):

Signature:	Name:	Title:
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I agree and understand that by signing this application electronically by typing my name in the "Signature" box above, the signature is the legal equivalent of my handwritten signature and that it is considered legally binding.

Please email a copy of this application to AR@starwest-botanicals.com