



4949 West End Road Arcata, CA 95521
707-826-9860 PH
707-826-9869 FAX

Date _____ Requested Credit Limit \$ _____

Name _____ Phone _____

Billing Address _____ Fax _____

Physical Address _____

City, State Zip _____

Email Address (for invoices & statements) _____

SSN# _____ Contractor's License # _____

Will purchases be exempt from sales tax? Y__ N__ (If Yes, include documentation)

Employer _____ Address _____

Phone _____ Employed since _____

Previous employer if less than 2 years at current employment (name, address, and phone)

Please print list of authorized signers (use back of sheet if necessary):

BANK REFERENCES

Bank Name: _____ Account#: _____

Address: _____ Phone: _____

BUSINESS REFERENCES

1) Company Name: _____ Phone: _____

Address: _____ Fax: _____

2) Company Name: _____ Phone: _____

Address: _____ Fax: _____

3) Company Name: _____ Phone: _____

Address: _____ Fax: _____

Name of nearest relative not living with you (name, address, and phone number)

By affixing their signatures below, the undersigned agrees that:

They will pay when due all invoices from The Mill Yard per terms extended upon account approval. To pay on all delinquent invoices, interest at a rate no greater than 2% per month (24% APR) or the maximum rate permitted by law, if greater. The Mill Yard, in the event of litigation arising out this agreement, shall be entitled to their reasonable costs and expenses incurred, including attorney fees. This agreement and subsequent contracts/purchases orders shall be governed exclusively in accordance with the laws of the State of California, Humboldt County.

The Mill Yard is authorized to complete any credit investigation necessary of the individuals for processing of the application for credit terms.

I hereby give my consent to release bank and other credit information.

Name (please print)

Joint account holder

Signature of above

Signature of above

Date