

# Valley Color Growers, Inc.

Growers & Distributors

Ground Cover • Potted Bedding Plants

P.O. Box 1860 • 1771 Keyes Road • Ramona, CA 92065

Office (760) 789-0275

Fax (760) 789-7074

Date	Anticipated Monthly Purchase Volume		
Tax Exempt	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please attach a copy of your resale or exemption certificate	
<b>BILLING INFORMATION</b>			
Full Legal Business Name		DBA or AKA	
Business Phone Number	Business Fax Number	Billing Phone Number	
Street Address (cannot be a P.O. Box)	City	State	Zip + 4
Billing Address (if different from above)	City	State	Zip + 4
<b>BUSINESS CREDIT INFORMATION</b>			
Person To Contact Regarding the Account:		E-Mail Address:	
Parent Company		Parent Company Phone Number	
Parent Address	City	State	Zip + 4
Taxpayer ID Number (Required)	Company Annual Revenue	<input type="checkbox"/> Less than \$1,000,000 <input type="checkbox"/> Greater than \$1,000,000	In Business Since
No. of Employees	<input type="checkbox"/> 1-4 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-499 <input type="checkbox"/> 500 +		
Legal Structure (check all that apply)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship		Do you operate your business from home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Sub S <input type="checkbox"/> Limited Liability <input type="checkbox"/> Professional		Are you a Franchisee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit Organization		If you are a School or Government, are you the central office? <input type="checkbox"/> Branch? <input type="checkbox"/>	
<input type="checkbox"/> Limited			
<b>BANK REFERENCES</b>			
Bank Name		Contact	
City	State	Zip Code	
<b>PERSONAL GUARANTEE</b>			
<p>THIS SECTION MUST BE COMPLETED IF THE APPLICANT IS: (1) A SOLE PROPRIETORSHIP; (2) A PARTNERSHIP; (3) A PROFESSIONAL; (4) UNINCORPORATED;</p> <p>(5) INCORPORATED FOR LESS THAN 1 YEAR OR IF THE APPLICANT HAS ANNUAL REVENUE OF LESS THAN \$1,000,000.</p> <p>For this application to be processed with your personal guarantee, you must provide all applicable information below.</p> <p>I agree to be liable for any unpaid amounts on this Account.</p> <p>I understand Watkins Valley Color Growers, Inc. Or its agent may request my personal credit bureau report in considering the application, and for the purpose of an update renewal, extension of credit, review or collection of this account.</p>			
First Name	Middle	Last Name	Date of Birth
Street Address (cannot be a P.O. Box)		Home Phone Number	
City	State	Zip Code	
Personal Guarantor _____		Date _____	
<b>SIGNATURE</b>			
<p><b>DO NOT SIGN THIS BUSINESS CREDIT ACCOUNT APPLICATION UNTIL YOU READ</b></p> <p>By signing below, you certify that you have read and agree to the credit disclosures, Terms and conditions of initial disclosure, all of which are attached. You also agree to be bound by the terms and conditions of Watkins Valley Color, Inc. and you agree to pay all charges incurred under such terms. You further certify that all of the information provided in this application is true and correct and you are authorized to sign this application on behalf of the applicant.</p>			
Signature of Authorized Officer _____		Date _____	
Please Print Name and Title _____			