



WeHoP[®]
WESTERN
HORTICULTURAL
PRODUCTS, INC.

Credit Application

Welcome to WeHoP—we're excited to do business with you! Please tell us a bit more about your company by completing the information below; your records are held in strict confidence. We will get back to you soon with the status of your application.

Your business name _____

Billing address _____

Physical address (if different than billing address) _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail _____

What is Your Legal Status? (Check One) Sole Proprietorship Partnership Corporation

What is the complete legal name of the Owner/Partners/Directors/Officers? _____

Who should we contact regarding credit & financial matters? _____

What is their title? _____

Who is in charge of placing orders (if different than above)? _____

State Sales Tax # _____ Expiration Date _____ / _____ / _____

When was your business established _____ / _____ / _____

WeHoP promotes partnership with our customers: We will give you our best service, and work on your behalf to ensure your orders are delivered on time and in good condition. In exchange, you agree that your payment is due and owing upon your receipt of our invoice. We consider the amount due and owing delinquent if not completely paid within thirty (30) days (or other agreed terms) from the first applicable invoice date.

A service charge of one and one half percent (1½%) per month, which is an annual rate of eighteen percent (18%), will be applied to delinquent balances.



Please be sure to complete the Trade References listed on the back.

THE TERMS:

I/we agree to pay all collection costs and attorney fees and other expenses required to collect funds due and owing from credit extended. I/we certify that the statements herein are complete and true and I/we intend for you to rely thereon to accept or reject this application to extend credit. I/we agree to the terms and conditions herein stated and promise to promptly repay all credit extended pursuant to this application. I/we understand that you will retain this application whether or not it is approved. You are authorized to check my/our credit and employment history and to answer questions about your credit experience with me/us. I/we understand and agree that credit reports may be obtained from credit reporting agencies in connection with this application, as well as in connection with any updates, renewals, or extensions of credit. I/we certify that if this application is applied for on behalf of a corporation, I/we are authorized to enter into such an agreement for such corporation. By signing below, I certify that I have read and as the applicant or on behalf of such corporation agree to be bound by the above-stated terms and conditions.

PERSONAL GUARANTEE

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit for five (5) years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Please print the applicant's name here: _____

Signature _____ Date _____ / _____ / _____

Your signature expresses your agreement to all of the terms listed above.

Tel: 800-669-6480
Fax: (360) 681-0214
credit@wehop.com

PO Box 3790
Sequim, WA 98382



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Your Business Name _____

FINANCIAL INFORMATION

Have you ever declared bankruptcy or been in receivership? YES Date: ____ / ____ / ____ NO

Are you subject to any outstanding collection activity? YES NO

Trade References

Please list businesses in the trade with which you have established "Net 30" terms and pay monthly on account. We are unable to use references such as bank loans or credit cards. If you need help determining what types of references to include, please contact us at 800-669-6480.

Business Name _____ Acct# _____

Contact Person _____

Address _____ When was the account established? ____ / ____ / ____

City _____ State _____ Zip _____

Phone _____ Fax _____

Business Name _____ Acct# _____

Contact Person _____

Address _____ When was the account established? ____ / ____ / ____

City _____ State _____ Zip _____

Phone _____ Fax _____

Business Name _____ Acct# _____

Contact Person _____

Address _____ When was the account established? ____ / ____ / ____

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