



# SANTA YNEZ STONE & TOPSOIL

## CREDIT APPLICATION: BUSINESS ACCOUNT

Schaff Holdings Inc. Dba Santa Ynez Stone & Topsoil  
1130 Mission Drive, Solvang, CA 93463 • Tel – (805) 688-5455 – Fax: (805) 688-5466

\*\*\* NOTE: AUTHORIZED SIGNATURE REQUIRED \*\*\*

Full Name of Firm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email address \_\_\_\_\_

How do you prefer to receive your invoices & statements? Check one: Emailed  Faxed  Mailed  Credit amount requested \_\_\_\_\_

Check one: Sole Proprietorship  Partnership  Corporation  Date incorporated & State \_\_\_\_\_

Federal Tax I.D. # \_\_\_\_\_ Resale # \_\_\_\_\_ Contractors # \_\_\_\_\_

### OWNERSHIP INFORMATION (Name of Two Principals or Officers if not Sole Proprietorship)

1. Name \_\_\_\_\_ Title \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone # \_\_\_\_\_

### TRADE REFERENCES

1. Company Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Company Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Company Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### BANK ACCOUNT INFORMATION

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Checking Acct. # \_\_\_\_\_ Savings Acct. # \_\_\_\_\_ Other # \_\_\_\_\_

### AUTHORIZED BUYERS

Do you use purchase orders? \_\_\_\_\_ Job Names? \_\_\_\_\_

**By signing, I (we) ask that an account be opened for myself/company. In the event an account is opened for myself/company, I (we) agree to the following terms and conditions:**

- INVOICE TERMS: Net 30. Payment for all credit sales are due 30 days from purchase date. Payment is considered past-due 31 days from purchase date.
- PAST-DUE INVOICES: Invoices more than 30 days past-due (60 days from invoice date) will cause Account to automatically be placed on COD status until account is current.
- LATE CHARGES: 1.5 percent per month or maximum allowable rate. Minimum of \$.50 per month.
- ACCELERATION CLAUSE: In the event account becomes delinquent, Creditor reserves the right to accelerate and demand payment of the balance in full, together with all accrued interest, late charges and costs of collection.
- PERSONAL GUARANTEE: In the event of default, the undersigned officer(s) agree to be jointly and severally liable for all amounts due therein.
- COLLECTION FEES: In the event of default, I (we) agree to pay all reasonable attorney's fees, collection agency fees, and other costs incurred by Creditor to collect all amounts due.
- AUTHORIZED BUYERS: I (we) agree to be responsible for all purchases made to this account by the authorized buyers above named and subsequently authorized by us unless I (we) have notified you/creditor in writing, that said parties are no longer authorized to charge to said account.
- AUTHORIZATION TO CHECK CREDIT HISTORY: I hereby authorize Creditor or their Agent to investigate my references and credit history, including obtaining information from credit reporting agencies.

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Date Signature (Authorized Officer Only) Title