

# Willamette Valley Hops, LLC

## CREDIT APPLICATION

### BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Billing Address:

City:

State:

ZIP Code:

Bookkeeping contact:

E mail:

Phone

### BUSINESS INFORMATION

Shipping address:

City:

State:

ZIP Code:

Brewer:

E mail:

Phone:

USPS mail to company address

Yes / No

**Invoices are Emailed Daily and Statement Mailed Once a Month**

Amount of Credit requested:

**Standard Shipping is UPS (5 boxes or less) / LTL Freight LIFT GATE REQUIRED: YES / NO**

### BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

### AGREEMENT

1. Invoiced terms **Net 30 from** the date of the invoice or will be assessed a **1.5% interest fee for all balances carried over 30 days.**
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Willamette Valley Hops, LLC. to make inquiries into the business/trade references that you have supplied. And agree to the terms of payment and interest for balances carried over 30 days. All collection efforts made by WVHops will be the financial responsibility of the account holder, including and not limited to any fees including legal fees for collection of delinquent funds.

### SIGNATURES

**TITLE**

**DATE**

**TITLE**

**DATE**