

**L.E. COOKE CO.**26333 RD 140  
VISALIA, CA 93292**CUSTOMER INFORMATION &  
CREDIT APPLICATION FORM***Please type or print clearly. Thank you.*(559) 732-9146  
FAX (559) 732-3702

Firm Name:			Date	
No.	Street	City	State,	Zip

Delivery Address:

Mailing Address:

Phone ( )

Fax ( )

Business Email:

Day Closed (Jan-March)

Hours Open (Jan-March)

Month / Day / Year

Month / Day / Year

Date business was first established:

Under present ownership since:

**Owner:**Cell Ph #  
( )Pager#  
( )

Last 4 Digits Social Security #

Home Address:

Home Ph:( )

**Buyer:**

Cell Ph:

Home Ph:( )

Buyer Email:

Pager:

Normal day(s) off: (Apr-July)

Circle whether: Proprietorship, Partnership, or Corporation

If incorporated, state in which incorporated:

Fed Tax #:

Principal Owners or Stockholders:

Name:

Home Address

Title

Last 4 Digits Social Security #

Name of Bank:

Address:

Ph:( )

Fax:( )

Checking Acct #:

Savings Acct #:

Name of Bank:

Address:

Ph:( )

Fax:( )

Checking Acct #:

Savings Acct #:

**ORDERS WITHOUT ESTABLISHED CREDIT WILL BE SHIPPED CASH ON DELIVERY FOR CALIFORNIA BUSINESSES  
AND CASH IN ADVANCE FOR OUT OF STATE BUSINESSES.**

UPON CREDIT APPROVAL, OUR TERMS ARE: ALL ACCOUNTS DUE THE FIRST OF THE MONTH AND PAYABLE BY THE 10TH OF THE MONTH FOLLOWING DELIVERY. ANY APPLICABLE DISCOUNTS ARE VALID ONLY IF ALL MERCHANDISE IS PAID WHEN DUE AND ALL OTHER CHARGES ARE CURRENT. ALL SERVICES, INCLUDING DELIVERY CHARGES AND COLD STORAGE, ARE DUE 10 DAYS AFTER DELIVERY.

Liquidated damages by way of a FINANCE CHARGE of 2% per month (24% per annum) will be made on all over due accounts. In the event the L.E. Cooke Co. incurs any costs in collecting overdue accounts or retains an attorney to enforce any provisions of its invoices, or the terms or payments of any checks or notes given in payment of any part of the invoices, the undersigned agrees to pay to L.E. Cooke Co. all costs of collection including a reasonable attorney's fee, in any event not less than 40% of any monies due L.E. Cooke Co., by purchaser or \$50, which ever sum is greater.

**I assume responsibility to notify the L.E. Cooke Co. of any substantial change in the financial condition of the business or of any change in the principal owners or stockholders.**

I have read, understand, and accept the above terms, and have provided true information to the best of my knowledge. I further authorize the trade references, and financial institutions, to supply information as may be required to determine our credit capabilities.

APPLICANTS SIGNATURE:

Name and Title (Prefer to have Owner Signature)

Date

**FILL OUT THE BACK IF YOU WANT TERMS OTHER THAN CIA OR COD**I am a California Customer & prefer COD:

Signature

I am an Out-of-State Customer & prefer Cash in Advance:

Signature

(OVER)

Firm Name: \_\_\_\_\_

**\*\*TRADE REFERENCES (Six minimum)\*\***

Firm:	Phone:(    )	Fax:(    )
Mail Address, City State Zip		
Firm:	Phone:(    )	Fax:(    )
Mail Address, City State Zip		
Firm:	Phone:(    )	Fax:(    )
Mail Address, City State Zip		
Firm:	Phone:(    )	Fax:(    )
Mail Address, City State Zip		
Firm:	Phone:(    )	Fax:(    )
Mail Address, City State Zip		
Firm:	Phone:(    )	Fax:(    )
Mail Address, City State Zip		
Own or rent property?                      If rent, from whom?		
Value:                      Monthly Payment:		
Real Estate Mortgage:                      How Secured?		
Amount	Number	Due Date
Loans:		Monthly payment

***FOR CALIFORNIA USE ONLY***

If you want a sales tax exemption because the products you purchase are re-sold, please fill out the following form completely. California will not allow sales taxes to be credited back after they have been invoiced, forcing the buyer to collect it back from the state.

CALIFORNIA RESALE CERTIFICATE	
_____ (Name of Purchaser)	
_____ (Address of Purchaser)	
<p>I HEREBY CERTIFY: That I hold valid seller's permit No. _____ issued pursuant to the Sales and Use Tax Law: That I am engaged in the business of selling <u>NURSERY STOCK AND SUPPLIES</u> ; that the tangible personal property described herein which I shall purchase from <u>L.E. COOKE CO</u> will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any other purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of said property or other authorized amount. Description of property to be purchased: <u>NURSERY STOCK AND SUPPLIES</u></p>	
Date: _____ 20____	_____ (Signature of Purchaser or Authorized Agent)
_____ (Title )	