L.E. COOKE CO. 26333 RD 140 VISALIA, CA 93292

CUSTOMER INFORMATION & CREDIT APPLICATION FORM

Please type or print clearly. Thank you.

(800) 845-5193

(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 (Ja	an-March)			
	Month / Day / Year			Month / Day / Year			
Date business was first established:		present owners	ship 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, Partne	rship, or Corporation						
If incorporated, state in which incorpor	ated:		Fed Tax #:				
Principal Owners or Stockholders:							
Name: Home Addres	S		Title	Last 4 Digits Social Security #			
Name of Books	Address:						
Name of Bank: Ph:() Fax:()	Checking Acct #:		Savings Acct #	4.			
	Address:		Savings Acct +	†·			
Name of Bank:	Checking Acct #:		Savings Acct #	4.			
Ph:() Fax:()		255 0404 04					
ORDERS WITHOUT ESTABLISHED AND CASH IN ADVANCE FOR OUT			DELIVERY FOR	CALIFORNIA 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 OTHE							
AVAILABLE ON BAREROOT TREES,							
CHARGES AND COLD STORAGE, ARE DUE 10 DAYS AFTER DELIVERY.							
Liquidated demagas by way of a FINANCE CHARGE of 20% nor month (240% nor annum) will be made an all averages							
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.							
any monies due L.E. Cooke Co., by pu	rcnaser or \$50, which ev	er sum is greate	er.				
I assume responsibility to notify the		substantial cha	inge in the finan	cial condition of the business			
or of any change in the principal ow	ners 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 ar	d Title (Prefer to have C	wner Signature)		Date			
FILL OUT THE BACK IF YOU WANT	TERMS OTHER THAN	CIA OR COD					
I am a <u>California Customer & prefer C</u>	OD:						
·			Signature				
I am an Out-of-State Customer & prefer Cash in Advance: Signature							

(OVER)

Firm Name:					Page 2
	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:()	
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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 Monthly payment

Loans:

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)
IHEREBY CERTIFY: That I hold valid seller's permit No
Date:20(Signature of Purchaser or Authorized Agent)
(Title)