

# Good Hope Botanicals

638 Martin Avenue  
Rohnert Park, CA 94928  
Tel: 707-584-2704 • Fax: 707584-7248

**Please Check One:**

• Credit Application  
**Fill in all areas**

• Company Check  
Approval Application  
**Fill in shaded areas**

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Entity is:      • Sole Proprietorship      • Partnership      • Corporation

If Corporation, Federal Tax ID #: \_\_\_\_\_ Resale Permit#: \_\_\_\_\_

Name and Home Address of Officers, Partners or Owners:

Name	Address	Social Security #
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Describe Type of Business: \_\_\_\_\_

Date Business Started: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Name of Bank \_\_\_\_\_ Phone # \_\_\_\_\_

Bank Address: \_\_\_\_\_

Business Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

Trade References: (For establishing net terms, list 3 major suppliers with whom you have credit)

Company	Address	Phone #	Fax #
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

For the purpose of establishing credit with Good Hope Botanicals, I, the undersigned, warrant the financial information above to be true, correct and complete to the best of my knowledge and hereby authorize any credit investigation needed for verification.

The undersigned agrees to pay in accordance with the terms specified on the invoice and agrees to pay interest at 1 1/2% per month on any sums not paid in addition to collection expenses and reasonable attorney fees.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_