



A-1 IRRIGATION

28511 Cole Grade Rd. Valley Center, CA 92082 (760) 749-1213

CREDIT APPLICATION AND AGREEMENT

NOTE: If providing your own credit information separately, you must still complete all other sections.

APPLICANT INFORMATION

BUSINESS NAME _____

CONTACT PERSON _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

STREET ADDRESS (REQUIRED IF ABOVE IS P.O. BOX)

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (_____) _____ - _____ BUSINESS PHONE (_____) _____ - _____

CELL PHONE (_____) _____ - _____ BUSINESS FAX (_____) _____ - _____

E-MAIL _____

BUSINESS WEBSITE _____

DRIVERS LICENSE # _____ EXPIRATION DATE _____

OCCUPATION _____ EMPLOYER _____

ADDRESS _____

PHONE (_____) _____ - _____ HOW LONG _____

CREDIT AMOUNT REQUESTED \$ _____ ARE PURCHASE ORDERS REQUIRED? ____

CUSTOMER TYPE:

COMMERCIAL ___ HOMEOWNER ___ GROWER ___ CONTRACTOR ___ OTHER _____

TYPE OF BUSINESS _____

PURCHASES TAXABLE? (YES/NO) ___ Attach Copy: Retail Certificate (Required)

CA CONTRACTOR LICENSE # _____ TYPE _____

PESTICIDE OPERATOR ID# _____ PERMIT # _____

FEDERAL ID# _____

OFFICE USE ONLY

DATE APPROVED	INITIALS	CREDIT LIMIT	DISC LEVEL	CUSTOMER #

BUSINESS TYPE:

SOLE PROPRIETORSHIP ___ PARTNERSHIP ___ STATE INCORPORATED ___ CORPORATION ___

LIST OWNERS IF PROPRIETORSHIP, PARTNERS IF PARTNERSHIP, OFFICERS IF CORPORATION

1. NAME _____ TITLE _____
DRIVER'S LICENSE # _____ HOME PHONE (_____) _____ - _____
ADDRESS _____

2. NAME _____ TITLE _____
DRIVER'S LICENSE # _____ HOME PHONE (_____) _____ - _____
ADDRESS _____

3. NAME _____ TITLE _____
DRIVER'S LICENSE # _____ HOME PHONE (_____) _____ - _____
ADDRESS _____

TRADE REFERENCES

(LOCAL OPEN CHARGE ACCOUNTS PREFERRED - NEED AT LEAST TWO)

APPLICATION WILL NOT BE PROCESSED UNTIL TRADE REFERENCES ARE VERIFIED

1. BUSINESS NAME _____
FAX OR EMAIL _____

2. BUSINESS NAME _____
FAX OR EMAIL _____

3. BUSINESS NAME _____
FAX OR EMAIL _____

4. BUSINESS NAME _____
FAX OR EMAIL _____

HAS THE APPLICANT FOR CREDIT (OR PRINCIPALS) EVER FILED FOR RELIEF UNDER BANKRUPTCY
UNDER THIS OR ANY OTHER NAME? NO ___ YES ___

WHEN _____ WHERE _____ CASE # _____

BANK REFERENCES

BANK NAME _____
BRANCH _____
PHONE _____
CONTACT PERSON _____
CHECKING ACCT # _____
SAVINGS ACCT # _____

BRANCH _____
PHONE _____
CONTACT PERSON _____
CHECKING ACCT # _____
SAVINGS ACCT # _____

PERSONAL GUARANTEE

IN CONSIDERATION OF ANY CREDIT EXTENDED I (WE) OR EITHER OF US) WILL INDIVIDUALLY AND/OR JOINTLY GUARANTEE FULL AND PROMPT PAYMENT OF ALL INDEBTEDNESS BY: _____(FIRM NAME) INCURRED FOR MERCHANDISE FURNISHED BY A-1 IRRIGATION, INC., PLUS SERVICE CHARGES AND COLLECTION COSTS WHERE APPLICABLE. SUCH GUARANTEE SHALL REMAIN IN FORCE UNTIL ITS REVOCATION IS ACKNOWLEDGED IN WRITING TO A-1 IRRIGATION, INC. SUCH REVOCATION SHALL NOT AFFECT INDEBTEDNESS INCURRED PRIOR TO RECEIPT OF WRITTEN NOTICE.

SIGNATURE PRINT NAME DATE

SIGNATURE PRINT NAME DATE

AGREEMENT

TERMS: NET 10TH THE UNDERSIGNED AGREES TO THE CREDIT TERMS OF A-1 IRRIGATION, INC. AND CERTIFIES THAT ALL INFORMATION ON THE APPLICATION IS ACCURATE AS OF THE DATE BELOW. ALL ACCOUNTS ARE CLOSED AT THE END OF EACH MONTH AND ARE DUE AND PAYABLE BY THE 10TH OF THE FOLLOWING MONTH. THE DATE THE PAYMENT IS RECEIVED IN A-1 IRRIGATION, INC.'S OFFICE WILL BE THE DATE USED TO DETERMINE PAYMENT DATE AS IT AFFECTS LATE CHARGES. LATE CHARGES ON UNPAID BALANCES ARE 1 ½% PER MONTH (18% PER ANUM) WITH A MINIMUM LATE CHARGE PER ACCOUNT OF \$1.00. IT IS THE INTENT OF A-1 IRRIGATION, INC. THAT ALL ACCOUNTS ARE TO BE PAID IN FULL BY THE DUE DATE, AND THE APPLICATION OF LATE CHARGES IS NOT TO BE CONSIDERED AN OFFER OF FINANCING. IN THE EVENT APPLICANT'S ACCOUNT IS REFERRED FOR COLLECTION AND/OR LEGAL ACTION, APPLICANT AGREES TO PAY A-1 IRRIGATION, INC.'S ATTORNEY AND/OR COLLECTION COSTS OR EXPENSES INCURRED AND/OR JUDGED BY THE COURT.

APPLICANT HEREBY AUTHORIZES A-1 IRRIGATION, INC. TO OBTAIN OR EXCHANGE ANY INFORMATION IT MAY REQUIRE RELATIVE TO THIS APPLICATION FROM ANY SOURCE, INCLUDING APPLICANT'S FINANCIAL INSTITUTIONS AND BUSINESS REFERENCES, WHICH A-1 IRRIGATION MAY DEEM NECESSARY. A-1 IRRIGATION, INC. RESERVES THE RIGHT TO PERMANENTLY REVOKE CREDIT TERMS IF THE ACCOUNT BECOMES PAST DUE. FURTHERMORE, WE RESERVE THE RIGHT TO PLACE THE ACCOUNT ON NO CHARGE UNTIL THE ACCOUNT IS PAID IN FULL.

REQUIRED: I AGREE TO RECEIVE MY STATEMENTS TO THE EMAIL PROVIDED BELOW
_____@_____.

AP CONTACT NAME _____
AP PHONE NUMBER _____
EMAIL ME: INVOICES & STATEMENTS _____ OR STATEMENTS ONLY _____

NOTE: YOU WILL HAVE FULL ACCESS TO INVOICES, STATEMENTS, AND AUTHORIZED CHARGE LIST ON OUR ONLINE CUSTOMER PORTAL WHICH YOU WILL HAVE ACCESS TO WHEN YOUR APPLICATION HAS BEEN PROCESSED. *SEE PAGE 6.*

DATE: _____

AUTHORIZED SIGNATURE(S):

_____	_____	_____
SIGNATURE	PRINT NAME	TITLE
_____	_____	_____
SIGNATURE	PRINT NAME	TITLE

AUTHORIZED CHARGE LIST

TO: A-1 IRRIGATION, INC.

PLEASE LIST ALL NAMES OF PEOPLE AUTHORIZED TO CHARGE.

THIS WILL SERVE AS YOUR AUTHORIZATION TO CHARGE MY (OUR) ACCOUNT FOR ANY AND ALL MERCHANDISE SIGNED FOR BY:

<u>PRINT OR TYPE NAME</u>	<u>SIGNATURE</u>	<u>INITIALS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I (WE) HEREBY ACCEPT FULL RESPONSIBILITY FOR PAYMENT OF SUCH CHARGES IN ACCORDANCE WITH THE TERMS EXTENDED BY A-1 IRRIGATION, INC.

THIS AUTHORIZATION MAY BE REVOKED ONLY AFTER A-1 IRRIGATION, INC. HAS RECEIVED IN WRITING THE CANCELLATION OF THIS PRIVILEGE. IT IS ALSO MY (OUR) RESPONSIBILITY TO MAKE ANY CHANGES TO AUTHORIZED CHARGE LIST BY USING THE ONLINE CUSTOMER PORTAL OR BY CONTACTING THE STORE.

SIGNATURE _____
OWNER/ PRESIDENT

PRINT OR TYPE NAME _____

COMPANY NAME _____

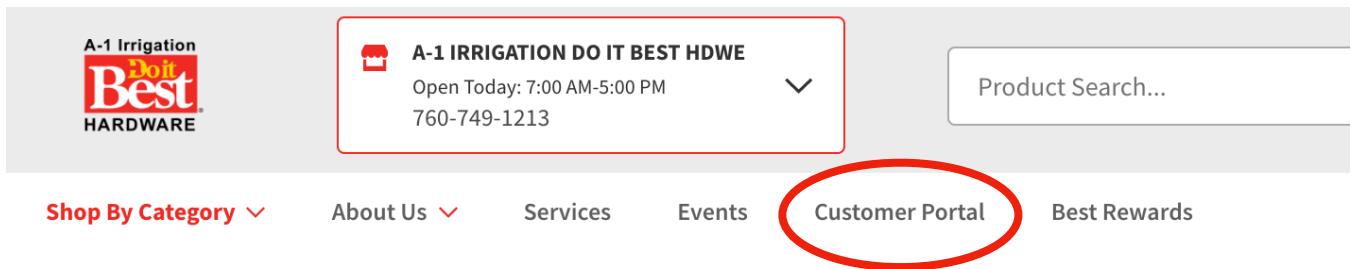
CUSTOMER PORTAL

Dear Applicant,

When your credit application has been processed, you will receive a confirmation email with your account name & number. You can use that information to set up your online customer portal where you will have access to invoices, statements, manage authorized users, and pay your bill, *all online!* When you are ready to set up your customer portal follow the instructions below.

How to set up your customer portal:

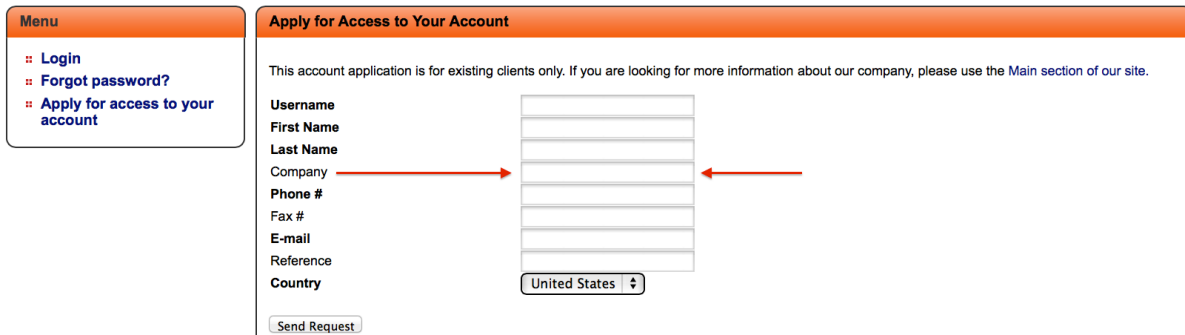
1. Go to A1.doitbest.com
2. Scroll down and Click on “Customer Portal”



3. This will take you to our log in page, Bookmark for future ease of access
4. Click “Apply for access to your account”



5. Fill out information accordingly. Company = Account Name and/or #



6. Click “Send Request”
7. Check your email for approval

Any questions contact Donna at office@a1dib.com or (760) 749-1213