



Wilbur-Ellis Company Cash Account Only

Customer Financial Services
 2400 Del Paso Rd., Ste: 150
 Sacramento, CA 95834
 Phone: 916.928.4550
 Fax: 916.928.4391

Account Information		
Exact Legal Name _____	Trade Name _____	Tax ID _____
Check One: Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust <input type="checkbox"/> Partnerships: General <input type="checkbox"/> Limited <input type="checkbox"/>		
Billing Address: _____ City: _____ State: _____ Zip: _____		
Ship To Address: _____ City: _____ State: _____ Zip: _____		
Phone: _____ Fax: _____ County: _____ Email: _____		
Owners – Partners - Officers		
Name _____	Title _____	Address/Phone _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Business Information		
Primary Business/Commodities: _____ Years in Industry: _____ Years Managing this Operation: _____		
Pesticide Applicator License Holder: _____ License #: _____ Expiration Date: _____		
Resale Certification # (if applicable): _____ Expiration Date: _____		

Applicant agrees to pay the total amount due on each invoice/customer statement in accordance with the payment terms thereon, unless otherwise agreed in writing. If not paid when due, Applicant agrees to pay a service charge of 18% per annum (1 ½% per month) or the highest rate allowed by law. Applicant agrees to pay all costs of collection, with or without suit, including actual out-of-pocket expenses incurred by Wilbur-Ellis Company, LLC (WECO) and its agents, including attorney's fees for litigation or bankruptcy and collection agency fees. All contracts entered into between WECO and Applicant shall be governed by the laws of the state in which Applicant uses the goods provided to Applicant by WECO, and all disputes concerning the subject matter herein shall be resolved by said court. The parties hereto knowingly and intentionally waive the right to a jury trial on any issue or dispute that may arise between them.

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____