

1634 West Park View Lane Phoenix, Arizona 85085 P +1 623 581 3100 F +1 623 581 0001

## WHOLESALE APPLICATION AND AGREEMENT

We are able to receive ACH payments with \$0 fees See the "Make A Payment" link on bottom of the wholesale page

Other Terms: Check, Debit or Credit Card

**Note** - There will be a 2% surcharge for all credit/debit card transactions.

COMPANY NAME:		YEAR ESTABLISI	HED:
FEDERAL ID OR SSN:		ROC #	
OWNERS / OFFICERS ADDRESS	:		
	CITY	STATE	ZIP CODE
BUSINESS ADDRESS:	:		
	CITY	STATE	ZIP CODE
MAILING ADDRESS: (If different than abo			
	CITY	STATE	ZIP CODE
COMPANY CONTACT:		PURCHASING CONTACT:	
BUSINESS PHONE:		BUSINESS FAX:	
MOBILE PHONE:		OTHER PHONE:	
EMAIL:		WEB ADDRESS:	

- RESALE: Copy of Resale Certificate must be attached
- OTHER: Must have two (2) company documents; company check, business license, business card



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# **CREDIT CARD AUTHORIZATION FORM**

CREDIT CARD INFORMATION	Mastercard	Visa	Discover	American Express	Other
	For one time	use only			
Cardholder name: (as shown on card)					
Company name:					
Card number:					
Expiration date:					
Security code:					
Billing zip code:					
I, for agreed upon purcha	ses Lunderstand	_ , authorize	Happy Vall	ey Plants to charge m	y credit card abov
on my account unless no			offilacion w	in be saved to me for	racare transaction

**Note** - There will be a 2% surcharge for all credit/debit card transactions.

Please complete all fields above. You may cancel this authorization at any time by contacting our office at 623-581-3100. This authorization will remain in effect until cancelled.



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# **CREDIT APPLICATION AND AGREEMENT**

Please fill out completely. Original application should be mailed back with both applicant and guarantor(s) signature. Incomplete applications will not be processed.

COMPANY NAME:	CONTACT:TITLE:
EMAIL:BUSINE	S ADDRESS:
PHONE:	CITY STATE ZIP CODE
	G ADDRESS:ent than above)
FAX:	CITY STATE ZIP CODE
ACCOUNTING CONTACT:	PHONE:
FEDERAL ID:	STATE:YEARS IN BUSINESS:
CORPORATION PARTNERSHIP	
SOLE PROPRIETOR LLC	CREDIT AMOUNT REQUESTED:
List company officers/managers/partners/propriet	rs information below:
NAME	NAME
SOCIAL SECURITY NUMBER PHONE	SOCIAL SECURITY NUMBER PHONE
ADDRESS (No P.O. boxes) CITY/STATE ZIP C	DDE ADDRESS (No P.O. boxes) CITY/STATE ZIP CO
TAX PERMIT NUMBER:	LICENSE NUMBER:
BANK NAME:	ADDRESS:
ACCOUNT NUMBER:	PHONE: FAX:



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# **TERMS AND CONDITIONS OF SALE**

### **TERMS:**

## Full payment is required before shipping.

However, we will make credit arrangements with clients with an established credit history. Contact your sales representative for more information. All credit accounts are payable net 30 days from the date of delivery. Legal rate of interest may be charged on overdue accounts. Accounts past due more than 60 days will be placed on COD terms until the account is brought current.

#### **CONDITIONS:**

Prices apply to stock on hand at time of the order.

#### **ENFORCED PAYMENT:**

Attorney's fees and legal rate of interest will be accrued to accounts requiring legal action for collection.

#### SHIPPING:

We ship by UPS, FedEX or USPS. Domestic shipping fees will be calculated based on the particular order from our Phoenix, AZ office, based on quantity and weight.

If ordering a larger order, please contact your sales representative for a freight quote based on weather, location and current delivery minimums.

#### **CLAIMS:**

Due to the numerous varieties of natural and man-made conditions which can affect a growing plant, we make no guarantee expressed or implied regarding the future growing performance of our plants.

### **RETURNS:**

We do our very best to insure your plants arrive healthy with the best packaging possible. However, nature happens. If your plants arrive in poor condition, they may be returned within 10 days of sale in good, unplanted condition in original packing material and accompanied by the original sale invoice. Returns are subject to inspection and approval by sales personnel only. We reserve the right to refuse returns upon inspection.