

# Cash Account Only Application

Credit Department | [Return to WEFinance@wilburellis.com](mailto:Return to WEFinance@wilburellis.com)

APPLICANT INFORMATION						
Exact Legal Name of Applicant:		Trade Name (dba):		Fed Tax ID / SS#:		
<b>Check One Below:</b>						
Sole Proprietorship		Corporation	Partnership-General	Partnership-Limited	Limited Liability Company	Trust
Billing Address:			City:	State:	Zip:	County:
Shipping Address:			City:	State:	Zip:	County:
Office Phone:		Fax:	Mobile Phone:		Home Phone:	
Email:			Website:			

OWNERS / PARTNERS / OFFICERS				
Name:		Title:		Phone:
Address:			City:	State: Zip:
Name:		Title:		Phone:
Address:			City:	State: Zip:
Name:		Title:		Phone:
Address:			City:	State: Zip:

BUSINESS INFORMATION		
Primary Business:	Years in Industry:	Years Managing This Operation:
Pesticide Applicator License Holder:	License #:	Expire Date:
Resale Certification # (if applicable):	Expire 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.

<b>Authorized Signature:</b>	Date:
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<b>Authorized Signature:</b>	Date:
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