



# IRRIGATION STATION

## CONFIDENTIAL APPLICATION FOR CREDIT

### BASIC INFORMATION

CONTACT NAME \_\_\_\_\_ BUSINESS NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_ BILLING E-MAIL \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_ INCORPORATED \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROPRIETOR \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ IRRIGATION \_\_\_\_\_ LANDSCAPE \_\_\_\_\_ POOL \_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_ RAIN BIRD SELECT CONTRACTOR \_\_\_\_\_ HUNTER PREFERRED CONTRACTOR \_\_\_\_\_  
RAIN BIRD ACCOUNT NUMBER

### BANK INFORMATION

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER/REGISTERED AGENT \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

TRADE REFERENCES \_\_\_\_\_ DUNS # \_\_\_\_\_

1. \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

3. \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

AMOUNT OF CREDIT APPLYING FOR \_\_\_\_\_

ATTACH MOST RECENT FINANCIAL STATEMENT OR MOST RECENT TAX FORM 1120, 1065, ETC

**AGREEMENT**

“IT IS AGREED THAT IF THE ACCOUNT IS NOT PAID WITHIN SIXTY (60) DAYS, A SERVICE CHARGE OF EIGHTEEN PERCENT (18%) PER YEAR WILL BE DUE ON THE UNPAID AMOUNT OVER 60 DAYS UNTIL THE ACCOUNT IS PAID IN FULL. IF THE ACCOUNT IS TURNED OVER TO AN ATTORNEY FOR COLLECTION, IT IS AGREED THAT REASONABLE ATTORNEY’S FEES, OF AT LEAST ONE-THIRD OF THE UNPAID AMOUNT DUE, WILL BE PAID. IF A SUIT IS FILED, IT IS AGREED THAT A REASONABLE ATTORNEY’S FEE WILL BE AT LEAST FORTY PERCENT (40%) OF THE UNPAID AMOUNT DUE, PLUS COSTS.

IT IS FURTHER AGREED THAT JURISDICTION AND VENUE OF ANY SUIT BROUGHT TO COLLECT AN UNPAID ACCOUNT SHALL BE EXCLUSIVELY IN HARRIS COUNTY, TEXAS, AND THAT THE LAWS OF THE STATE OF TEXAS SHALL CONTROL.”

BY SIGNING APPLICATION, THIS WILL ACKNOWLEDGE THAT THE UNDERSIGNED GUARANTOR(S) OWNS AN INTEREST IN THE APPLICANT AND GIVES AUTHORIZATION TO IRRIGATION STATION LLP TO CHECK THE APPLICANT AND GUARANTOR(S) CREDIT FILES.

IT IS MY UNDERSTANDING THAT IRRIGATION STATION LLP WILL NOT GRANT CREDIT TO APPLICANT WITHOUT OBTAINING FROM THE UNDERSIGNED A PERSONAL GUARANTY. THIS GUARANTY WILL SECURE IRRIGATION STATION LLP AND GUARANTEE IN FULL THE PAYMENT OF ANY AND ALL OBLIGATIONS OWING TO IRRIGATION STATION LLP BY SAID COMPANY AND/OR CORPORATION, INCLUDING INTEREST, ATTORNEY’S FEES, OR OTHER LAWFUL CHARGES WHICH MAY BECOME DUE.

IN THE EVENT THAT APPLICANT DOES NOT PAY THE ACCOUNT WHEN DUE, I AGREE TO BE PERSONALLY LIABLE FOR ANY SUCH OBLIGATION AND ANY RENEWALS, EXTENSIONS OR REARRANGEMENTS OF SUCH OBLIGATION, WITHOUT NOTICE TO ME, AND WITHOUT THE NECESSITY OF SUIT AGAINST APPLICANT.

THIS GUARANTY IS CONTINUING IN NATURE AND IT WILL ALSO APPLY TO ANY CREDIT EXTENDED BY YOU TO APPLICANT AND ANY SUCCESSOR OR AFFILIATED COMPANY OF THE APPLICANT, AND AS TO ANY OTHER COMPANY OF WHICH I AM AN OFFICER OR WITH WHICH I AM ASSOCIATED, UNTIL YOU RECEIVE A WRITTEN REVOCATION FROM ME AT YOUR ADDRESS BELOW.

SIGNATURE OF GUARANTOR \_\_\_\_\_ PRINT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SIGNATURE OF GUARANTOR \_\_\_\_\_ PRINT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SIGNATURE OF GUARANTOR \_\_\_\_\_ PRINT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

**11929 WINDFERN HOUSTON, TX 77064 281-890-6574 FAX 281-890-6549  
E-MAIL TO: SBURTCH@IRRIGATIONSTATION.COM**