

Santa Barbara Home Improvement Center

15% Discount Account Qualifications

The Santa Barbara Home Improvement Center offers a 15% discount to individuals or businesses that meet our purchasing criteria as a reward for their volume purchasing. In order to continue receiving this discount, all payments on accounts must be received by the end of the month following the month in which purchases were made. This will allow all purchases a minimum of a 30-day interest free wherein the discount is permitted. Once an account goes past due, your account will accrue finance charges at the rate of 1.5% per month and your discount privileges will be suspended until your account is brought current. The following purchase options will qualify your account for the 15% volume discount. If you are applying for a discount account, you must return this letter along with your application, and also return any specific information requested below.

My/Our account will maintain charging activity of \$3600.00 a year (or an average of \$300.00 per month). Please submit copies of your register receipts, cancelled checks or credit card receipts from SBHIC for the last 3 months and our accounting office will calculate whether or not you qualify for the discount under this option. Your purchasing levels will be monitored during the year to verify that your purchasing activity qualifies your account for the volume discount. Should your account volume fall below our minimum requirements to receive a discount, your discount privileges will be turned off. Once your discount privileges have been turned off, it will be your responsibility to let us know that your current purchasing volume is again sufficient to qualify for the discount, so at that time if you notify us we will gladly re-activate your discount privileges.

_____ I/We are a non-profit organization. In order to continue receiving account discounts, your account must be paid within our terms and kept in good standing. *Please submit a photocopy proof of your letter from the IRS- Department of Treasury, indicating your current Federal Non-Profit Tax I.D. status and number.*

In order to receive any discounts, you must first have an In-House Charge or Cash Account approved by our accounting office.

Thank you for taking the time to submit this information, so that we may promptly consider your account for approval. Should you have any questions, please free to call Monday through Friday at (805) 963-7825 or you can send an email to AR@sbhicace.com. We look forward to serving your many needs over the years to come.

Gbett Martinak
Accounts Receivable



Santa Barbara Home Improvement Center Credit Application

☐ Business Account	☐ Individual Account
Complete this Column Only	Complete this Column Only

Business Name:			Last Name:	First:	MI:			
Business Address:			Date of Birth:	SS#				
City, State, Zip:			☐ Single ☐ Married	Phone # ()				
Phone # Fax #			Driver's License #: State Issued:					
Years in Business:				Residence Address:				
☐ Sole Proprietor	☐ Partnership	☐ Corporation	City State Zin:					
			City, State, Zip:					
Federal Tax Number (If A	Partner	□ Officer	How long at this address? Years: Months:					
_ Owner	□ Partilei		If less than 5 years, Prior Address:					
Name: SS#			Mailing Address if different from above:					
Home Address:			City, State, Zip:					
□ Owner	□ Partner	☐ Officer	Email:					
Name:	SS	#	Employer:					
Home Address:	33.	•	Address:					
Owner	☐ Partner	□ Officer						
			City, State, Zip:					
Name: SS#		Phone #:	Position:	Length of Service:				
Home Address:			Applicants Monthly Incom	e:				
<u>Accounts Payable</u>		Spouse's Name:						
Contact:	Phone	#:	Spouse's SS#	Salary:				
Email:			Employer:					
Mailing Address:			Address:					
City, State, Zip:			City, State, Zip:					
□ Own	□Lease	☐ Rent	Phone #:	Position:	Length of Service:			
Name of Mortgagor, Lesson	r or Landlord:		Spouse's Monthly Income:					
Monthly Payment: \$		or Other	Other Income:	Source:				
Mortgage Balance: \$		Lease Expires: Total Monthly Incom		nbined:				
Name of Bank:		Account #:	, , ,	☐ Checking	☐ Savings ☐ Loan			
Address:	City:		City:	Zip Code:				
Name of Bank:		Account #:	•	☐ Checking	☐ Savings ☐ Loan			
Address:			City:	Zip	Code:			



Santa Barbara Home Improvement Center

	Applicant	s Credit Informa	tion	
Name of Trade Reference	Phone Number	City	Account Numb	er Monthly Payment
1)				\$
2)				ś
				·
3)				\$
4)				\$
HAVE YOU EVER GONE THROUGH DO YOU DO BUSINESS UNDER AN				
	-	Agreemen		
<u>Two Sign</u>	natures are required for	a Corporation or	a Partnership Account	
ne or the company I/we represen eferences, and to run a credit rep epresent, and for any possible fur nformation to HIC. I also authoriz using HIC as a credit reference.	oort for the purpose of app ture need as it may relate	proving a Net 30 day to this account. I/W	charge account for me, o e authorize our reference	r the business I/we s to release any credit
Date: Signature:		Print Name:		Title:
Date: Signature:		Print Name:		Title:
<u>Two Signatu</u>	res are also required fo	r a Corporation o	r a Partnership Account	: Below
n consideration of Santa Barbara ollowing conditions: I/We will pay all charges in full I				credit, I/we agree to the
2. If any amount is not paid when	_	_		
_	l be implemented at the er nt payments or credits.	nd of the month foll	owing the billing cycle on	the previous balance after
	begins at the end of the la	ast day of each mon	th.	
•	lance is the outstanding ba		• •	• .
b) Finance charges are of the street by Finance charges are of a default of payr	computed at the periodic ment on any charge. I/we a			
I. Title to all personal property, ot				= -
wholly in the name of the Santa B	•			. •
ransfer, or encumber such prope	rty without the written co	nsent of the Santa B	sarbara Home Improveme	nt Center.
Date: Signature: _		Print Name:		Title:
Date: Signature: _		Print Name:		Title:
	For C	A 660 TT O T		
	rorc	office Use Only	\mathbf{y}	
Discount Account: ☐ Yes or ☐ N	No Initial Credit Limit:	Diffice Use Only Date:	y Updated Credit:	Date: