

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 receive 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, all applicable discounts are lost and charges will accrue finance charges at the rate of 1.5% per month. 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 the responsibility of the customer to let us know if your current purchasing volume is again sufficient to qualify for the discount, at that time, if you notify us, we can re-activate your discount privileges going forward.

_____ I/We are a non-profit organization. In order to receive discounts all payments on account must be received within terms. *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 Monica@sbhicace.com. We look forward to serving your many needs over the years to come.

Monica Vallin
Accounts Receivable



Santa Barbara Home Improvement Center Credit Application

☐ Business Account

Complete this Column Only

☐ Individual Account

Complete this Column Only

Business Name:	Last Name: First: MI:
Contact (Accounts Payable):	Date of Birth: SS#
Mailing Address:	☐ Single ☐ Married Phone # ()
City, State, Zip:	Driver's License #: State Issued:
Phone #	Residence Address:
Email:	City, State, Zip:
Years in Business: Type of Business:	How long at this address? Years: Months:
☐ Sole Proprietor ☐ Partnership ☐ Corporation	If less than 5 years, Prior Address:
Federal Tax Number (If Applicable):	Mailing Address if different from above:
Owner Partner Officer	City, State, Zip:
Name: SS#	Email:
Home Address:	Employer:
Owner Partner Officer	Address:
Name: SS#	City, State, Zip:
Home Address:	Phone #: Position: Length of Service:
Owner Partner Officer	Applicants Monthly Income:
Name: SS#	Spouse's Name:
Home Address:	Spouse's SS# Salary:
Business Location	Employer:
Street Address:	Address:
City, State, Zip:	City, State, Zip:
☐ Own ☐ Lease ☐ Rent	Phone #: Position: Length of Service:
Name of Mortgagor, Lessor or Landlord:	Spouse's Monthly Income:
Monthly Payment: \$ or Other	Other Income: Source:
Mortgage Balance: \$ Lease Expires:	Total Monthly Income Combined:
Name of Bank: Account #:	☐ Checking ☐ Savings ☐ Loan
Address:	City: Zip Code:
Name of Bank: Account #:	☐ Checking ☐ Savings ☐ Loan
Address:	City: Zip Code:



Santa Barbara Home Improvement Center

Applicants Credit Information

Name of Tra			s crean inform		
	de Reference	Phone Number	City	Account Num	ber Monthly Payment
1)					\$
2)					\$
3)					\$
4)					\$
		NKRUPTCY OR COMPR			
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	Two Signat	ures are required for	a Corporation or	a Partnership Account	<u>t</u>
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