

IMPORTANT INSTRUCTIONS FOR SANTA BARBARA HOME IMPROVEMENT STORE CHARGE APPLICATIONS

To insure prompt consideration of your applications, *all* requested information must be legibly entered into the space provided. *Any* omissions will delay approval of your application until the missing data is provided.

In the case of a Business Account application, A Partnership and/or Corporations must have two Principals, or Officers of your company sign the SECURITY AGREEMENT.

We thank you for your attention to these requests. We very much appreciate your interest in doing business with our store and look forward to a long-term, mutually beneficial, relationship.



15% Discount Account Qualifications

The Santa Barbara Home Improvement Center offers 15% discount privileges to individual or business accounts 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 period 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 credit application, and also return any specific information requested below.

_____ My/Our account will maintain charging activity of \$3,600.00 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.

_____ I/We are a non-profit organization. Non-Profit organizations must maintain purchase activity of \$900.00 per year (or \$75.00 per month on average) to qualify. *See above for accounts not maintaining minimum purchase requirements. **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 Account approved by our accounting office, and activated accordingly.

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 feel free to call me Monday through Friday at (805) 963-7825. We look forward to serving your many needs over the years to come.

Monica Vallin
Accounts Receivable



Santa Barbara Home Improvement Center

415 E. Gutierrez St. Santa Barbara 93101

(805) 963-7825 Fax (805) 963-9753

Credit Application

Business Account (& Self-employed)

Complete this Column Only

Individual Account

Complete this Column Only

Business Name:	
Contact (Accts Payable):	
Mailing Address:	
Years in Business: Telephone:	
Type of Business:	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Federal Tax Number (if applicable):	
Name: Social Sec.#:	
Please circle one: Owner Partner Officer	
Home Address: City: Zip:	
Name: Social Sec.#:	
Please circle one: Owner Partner Officer	
Home Address: City: Zip:	
Name: Social Sec.#:	
Please circle one: Owner Partner Officer	
Home Address: City: Zip:	
Business Location	
Street Address:	
City: State: Zip:	
Name of Mortgagor, Lessor, or Landlord:	
<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Rent	
Payments: \$ per month <input type="checkbox"/> or other <input type="checkbox"/>	
Mortgage Balance: Lease Expires:	

Last Name: First: MI.	
Social Sec. #: Drivers Lic #:	
<input type="checkbox"/> Single <input type="checkbox"/> Married Telephone:	
Residence Address: Apt:	
City: State: Zip:	
How long at this address? Yrs Mos.	
If less than 5 years, prior:	
Mailing Address:	
City: State: Zip:	
Employment	
Employer:	
Address: City:	
State: Zip: Telephone:	
Position: Length of Service:	
Monthly Income	
Applicants Monthly Income:	
Spouse's Name: Salary:	
Spouse Social Sec. #:	
Other Income: Source:	
Total Monthly Income:	

ALL APPLICANTS COMPLETE THE SECTION BELOW AND THE REVERSE SIDE

Banking Information

Name of Bank: Account #:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
Address: City: Zip:	
Name of Bank: Account #:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
Address: City:	
Name of Bank: Account #:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
Address: City: Zip:	



Santa Barbara Home Improvement Credit Application

General Credit Information

Trade references (Name)	Phone Number	City	Account #:	Monthly Payment

HAVE YOU EVER GONE THROUGH BANKRUPTCY OR COMPROMISED A DEBT? _____ DO YOU DO BUSINESS UNDER ANY OTHER NAME? _____ IF SO, PLEASE LIST: _____

Security Agreement

I/we represent that the information supplied is accurate to the best of my/our knowledge and I/we intend for it to be relied upon for the purposes of this credit application. I/we understand that you will retain this application whether or not credit is extended to me or the company I/we represent. I/we authorize the Home Improvement Center (HIC) to obtain information from the listed references, and to run a credit report for the purposes of approving a charge account for me, or the business I/we represent, and for any possible future need as it may relate to this account. I/we authorize our references to release any credit information to HIC. I also authorize HIC to release my/our credit information to whomever I may make an application to in the future using HIC as a credit reference. Initials: _____ Initials: _____

In consideration of Santa Barbara Home Improvement Center selling merchandise and services to me on credit, I/we agree to the following conditions:

1. I will pay all charges in full by the end of the month following the date of the billing statement.
2. If any amount is not paid when due, I/we agree to the following terms:
 - a) A finance charge will be implemented at the end of the billing cycle on the previous balance after deducting any current payments or credits.
 1. The billing cycle begins at the end of the last day of each month.
 2. The previous balance is the outstanding balance on the account at the beginning of the billing cycle.
 - b) Finance charges are computed at the periodic rate of 1-1/2% per month, or an annualized rate of 18%.
3. In the event of a default of payment on any charge, I/we agree to pay all reasonable collection costs, including attorney's fees.
4. Title to all personal property, other than building materials incorporated into a structure, purchased on this account shall remain wholly in the name of the Santa Barbara Home Improvement Center until such property is 100% paid for. And I/we agree not to sell, transfer, or encumber such property without the written consent of the Santa Barbara Home Improvement Center.
5. Santa Barbara Home Improvement Center is hereby authorized to investigate and obtain current credit history information and to respond to any inquiries regarding my/our credit history with The Santa Barbara Home Improvement Center. I/we hereby certify that all information furnished on the above application is true, and that I/we have read and understand the conditions of this agreement as set forth. **Corporation & Partnerships Require Signatures Of Two Principals.**

Date: _____ Signature: _____ Print Name: _____ Title: _____
 Date: _____ Signature: _____ Print Name: _____ Title: _____

For Office Use Only

Approval: _____ Discount: _____
 _____ Initial Credit Limit: _____ Date: _____
 _____ Updated Credit Limit: _____ Date: _____
 _____ Updated Credit Limit: _____ Date: _____
 _____ Updated Credit Limit: _____ Date: _____

