



Vineyard Industry Products Co.

CONFIDENTIAL CREDIT APPLICATION

Please complete and return to our home office:

Via Email: jessicat@vinbiz.com

Via Fax: 707/837-5416

Via Mail: PO Box 128, Healdsburg, CA 95448

GENERAL INFORMATION

Legal Owner _____

_____ Db Name

_____ Vineyard Name (if applicable)

_____ Billing Address – Street/PO Box

_____ City, State, Zip Code

_____ Phone Number

_____ Fax Number

_____ E-Mail Address

Please tell us how you heard about our Company? _____

☐ Please check here if you do not want to receive emails informing you of sales, specials and upcoming events.

VINEYARD MANAGER CONTACT INFORMATION

_____ Vineyard Mgr. Name

_____ Vineyard Mgr. Phone #

_____ Vineyard Mgr. Fax #

_____ Vineyard Mgr. e-mail

_____ Is this e-mail specifically for the Vineyard Manager? Yes / No

ACCOUNTS PAYABLE CONTACT INFORMATION

_____ Accounts Payable Contact

_____ Accounts Payable Phone #

_____ Accounts Payable Fax #

_____ Accounts Payable e-mail

_____ Is this e-mail specifically for Accounts Payable? Yes No

ACCOUNT TYPE DESIRED – COMPLETE ONLY ONE OPTION

Option 1: Regular Open Store Account

We will bill you as items are picked up.

Authorized

Signers: _____

_____ Attach sheets if list is extensive

***Please complete Trade Credit References Section**

Option 2: Credit Card Account (Visa/ Master Card/ AMEX / Discover)

(For purchases less than \$3,000).

Credit Card will be charged at time of pick up.

Credit Card Number: _____

Card Holder Name: _____

Expiration Date: _____ CCV: _____

Credit Card Billing Addr: _____

Street Address

_____ City

_____ State

_____ Zip code

Authorized Signer: _____

National
800/544-2210

Windsor, CA
707/837-5410

Paso Robles, CA
805/226-9960

Los Alamos, CA
805/344-1700

***FOR OPTION 1 PLEASE FURNISH 3 TRADE CREDIT REFERENCES**

1.	_____	_____	_____
	Name	Address	Person to Contact
	_____	_____	
	Phone Number	Fax Number or Email	
2.	_____	_____	_____
	Name	Address	Person to Contact
	_____	_____	
	Phone Number	Fax Number or Email	
3.	_____	_____	_____
	Name	Address	Person to Contact
	_____	_____	
	Phone Number	Fax Number or Email	

BILLING OPTIONS

I would prefer my invoices and/or credit card receipts be sent to me: (You may choose more than one option)

- ☐ via **US Postal Service**. ☐ via **e-mail**, Please provide e-mail address(s): _____.
- ☐ via **fax**, please provide fax number(s): _____.
- ☐ Purchase Order Required? YES ☐ / NO ☐ ☐ Any other special billing instructions?

PAYMENT OPTIONS

Please check here if you would like us to contact you with banking information to pay via ACH.

We also accept payments through email or fax; instructions below:

- Create your check in the normal fashion
- Fax (707) 837-5416 or email jessicat@vinbiz.com a copy of the check
- We will process the check though the bank that same day
- Please do NOT mail the original check

CONDITIONS OF SALE & TERMS OF PAYMENT

For Regular Open Accounts: Invoices are mailed out promptly as materials are picked up. Credit Terms – Net 15 days. A finance charge of 1% per month (APR 12%) charged on past-due accounts. RETURNS subject to 20% restocking charge & prior approval. ***Credit card accounts charged for each transaction at time of sale.***

NO RETURN OF SPECIAL-ORDERED MERCHANDISE.

All prices subject to change without notice.

In consideration of any extension of credit, purchaser agrees to the terms hereof and to the conditions of sale set forth on each invoice. Purchaser also agrees to pay a finance charge of 1% per month computed on the unpaid delinquent balance until the account is paid in full. Purchaser also agrees to pay reasonable attorney fees and other costs incurred for collection. Finance charge begins at 30 days on all invoices.

The person signing below has express authority to bind the company, organization or corporation:

<input type="checkbox"/> Sole Proprietor	_____	_____	_____
	Legal Owner Signature	Print Name and Title	Date
<input type="checkbox"/> Corporation	_____	_____	_____
	President or Treasurer Signature	Print Name and Title	Date
<input type="checkbox"/> LLC	_____	_____	_____
	Managing Member Signature	Print Name and Title	Date
<input type="checkbox"/> Partnership	_____	_____	_____
	Partner Signature	Print Name and Title	Date
<input type="checkbox"/> Limited Partnership	_____	_____	_____
	General Partner Signature	Print Name and Title	Date

Facsimile and all forms of electronic signatures constitute and will be as effective and enforceable as original signatures.

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CDTFA-230-D REV. 2 (8-17)

PARTIAL EXEMPTION CERTIFICATE QUALIFIED SALES AND PURCHASES OF FARM EQUIPMENT AND MACHINERYSTATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF
TAX AND FEE ADMINISTRATION**Regulation 1533.1**

NOTE: This is an exemption only from the state general fund portion of the sales and use tax rate. You are not relieved from your obligations for the local and district taxes on this transaction. This partial exemption also does not apply to any tax levied pursuant to Sections 6051.2 and 6201.2 of the Revenue and Taxation Code, or pursuant to Section 35 of article XIII of the California Constitution. This partial exemption also applies to lease payments made on or after September 1, 2001, for tangible personal property even if the lease agreement was entered into prior to September 1, 2001.

SELLER'S/LESSOR'S NAME

Vineyard Industry Products Co.

SELLER'S/LESSOR'S ADDRESS (street, city, state, zip code)

PO Box 128, Healdsburg CA 95448

I, as the undersigned purchaser, hereby certify I am engaged in an agricultural business described in Codes 0111 to 0291 of the Standard Industrial Classification (SIC) Manual, or I perform an agricultural service described in Codes 0711 to 0783 of the SIC Manual for such classified persons. The property purchased or leased will be used primarily in producing and harvesting agricultural products in accordance with Revenue & Taxation Code Section 6356.5.¹

Type of Farm Equipment and Machinery (or parts² thereof)*

* If you also want this certificate to be used as a blanket certificate for future purchases, describe generally the type of property you will be purchasing and ask your vendor to keep this certificate on file. If this is a specific partial exemption certificate, provide the purchase order or sales invoice number and a precise description of the property being purchased.

I understand that if such property is not used in the manner qualifying for the partial exemption, or if I am not a qualified person, as applicable, that I am required by the sales and use tax law to report and pay the state tax measured by the sales price/rentals payable of the property to/by me. I also understand that this partial exemption certificate is in effect as of the date shown below and will remain in effect until revoked in writing.

PURCHASER'S NAME OR COMPANY NAME (if applicable)

DATE

SIGNATURE (signature of the purchaser, purchaser's employee, or authorized representative of the purchaser)

PERMIT NUMBER (if applicable)³

TITLE

TELEPHONE NUMBER
()

ADDRESS (street, city, state, zip code)

¹ Vehicles that qualify as farm equipment and machinery, as defined in Regulation 1533.1(b)(1)(B), must be used exclusively in producing and harvesting agricultural products. A vehicle whose existing design is primarily for the transportation of persons or property on a highway, such as a pickup truck or trailer, does NOT qualify for the partial exemption, unless such vehicle is otherwise specified as an implement of husbandry in some provision of the Vehicle Code, as provided in Regulation 1533.1(b)(1)(B).

² If you are purchasing oil, grease, or lubricating or other qualifying fluids, indicate what percentage will be used in farm equipment and machinery performing qualified producing and harvesting activities. Please note: supply items not used in producing or harvesting agricultural products, such as shop towels, cleaning agents, hand cleansers, and chemicals, do NOT qualify for the partial exemption as provided in Regulation 1533.1(b)(1)(A).

³ If you are not required to hold a seller's permit, please enter "not applicable."

PLEASE COMPLETE PAGE 4, IF NOT COMPLETING CERTIFICATE OF PARTIAL EXEMPTIONNational
800/544-2210Windsor, CA
707/837-5410Paso Robles, CA
805/226-9960Los Alamos, CA
805/344-1700

PARTIAL EXEMPTION WAIVER

Please complete the information below if you are **not** returning the "Certificate for Partial Exemption" with your completed credit application.

I/We _____ have received the "Certificate for Partial Exemption" form and are
Company or Person applying for credit

not returning it at this time to Vineyard Industry Products Co.

(We are requesting your acknowledgement due to the fact that many people miss completing the "Certificate for Partial Exemption" and we want to be sure you have seen it and determined if you are eligible or not.)

Signed: _____ Title: _____

Date: _____