

# CITY MILL CREDIT or CASH ACCOUNT APPLICATION

For faster processing FAX to (808) 529-5864 or EMAIL to credit@citymill.com  
For further inquiries, contact Credit at (808) 529-5808

\*Please type or print legibly.

## 1. Apply as a Company

Your company's full legal name:

Name your company does business as:

(If different than legal name)

Preferred Company Name At Register :

Subsidiary, Parent or Property Management Company: (If applicable)

Street Address: (If different than billing)

City: State: Zip:

Phone: ( ) - ext.

Fax: ( ) -

Billing Address: (If different from street address)

City: State: Zip:

Date business started:

Month: Year:

Dun & Bradstreet Rating:

Contractor/Licensing Information:

Contractor License No.

Expiration Date:

Hawaii GE Tax No.

(See back of form for resale/wholesale certificate)

Federal ID No.

Type of organization: (✓one)

- ☐ Corporation  
☐ General Partnership  
☐ Government  
☐ Limited Partnership  
☐ Other:
- ☐ LLC  
☐ LLP  
☐ Sole Proprietorship

Business Description: (✓one)

- ☐ Building Maintenance/Misc.  
☐ Church  
☐ Construction  
☐ Electrical  
☐ Hotels & Lodging Places  
☐ Landscape Lawn/Garden  
☐ Other:
- ☐ Non-Profit Organization  
☐ Painters  
☐ Plumbing  
☐ Property Management  
☐ Repair & Remodelers  
☐ School  
☐ Trade Contractors

## 2. Specify Your Account

Type of account: (✓one)

- ☐ Cash Account (Section 3 not required →)
- ☐ Charge Account: Credit limit desired \$

Additional instructions:

How much do you estimate you will spend at City Mill each month?

(This will help us determine your credit needs)

\$ per month

Primary Contact: Please provide the main communications contact. This email will receive all transactional (invoices/statements), promotional and general emails.

First Name Last Name

Title

Phone

Email

Primary Billing Contact: Please provide the contact information of the person(s) invoices and statements will be emailed to.

First Name Last Name

Title

Phone

Email

Notification Type: ☐ Invoice ☐ Statement ☐ Both

Secondary Billing Contact:

First Name Last Name

Title

Phone

Email

Notification Type: ☐ Invoice ☐ Statement ☐ Both

Authorized Purchasers:

Please attach a list of all Authorized Purchasers. Include: Name(s)

(First and Last), Title, Phone number and Purchaser Requirements

Purchase Requirements:

Is a PO Required for all purchases: ☐ Yes ☐ No

Attach Purchase Order instructions, Limits, Jobs, Other Requirements.

Other Contact Information:

Please provide other contact information.

Type (Purpose)

First Name Last Name

Title

Phone

Email

## 3. Tell Us About Your Credit

\*Not needed for a Cash Account

Bank References:

(To expedite processing, please provide account and FAX numbers)

1.)

Name:

Branch:

Address:

City: State: Zip:

Account No. ☐ Checking

FAX: ( ) - ☐ Savings

2.) ☐ Loans

Name:

Branch:

Address:

City: State: Zip:

Account No. ☐ Checking

FAX: ( ) - ☐ Savings

☐ Loans

Credit References (Exclude utility & credit card companies):

(To expedite processing, please provide account and FAX numbers)

1.)

Name:

Address:

City: State: Zip:

Account No.

FAX: ( ) -

Email:

2.)

Name:

Address:

City: State: Zip:

Account No.

FAX: ( ) -

Email:

3.)

Name:

Address:

City: State: Zip:

Account No.

FAX: ( ) -

Email:

## The Professional's Choice

## 4. Terms of Account

Terms and Conditions of Opening an Account:

By signing this application, you have requested City Mill to open a charge or cash account for you, and in consideration of City Mill opening such account and the privileges associated with your account, you agree:

- 1) Accurate Information - You represent and warrant that all information supplied to City Mill on this application is true and accurate to the best of your knowledge and you authorize City Mill to investigate the references and other information you listed.
- 2) Evaluation - You authorize City Mill to investigate your personal/business credit and financial records, including your bank records. You understand that City Mill may request your personal credit bureau report in considering this application, and for the purpose of an update, renewal, extension of credit, review or collection of this account. And, you understand that any fees charged in association with this investigation will be your responsibility.
- 3) Notice of Changes - You agree to notify City Mill in writing of any material changes affecting you or the information listed in this application, e.g. ownership, officers, address, licensing, etc.
- 4) Authorized Purchasers - You are responsible for keeping your authorized purchaser list current. City Mill will only recognize the most recent authorized purchaser list that you provide in writing.
- 5) Charge Account Payments - You will make full payment on your charge account according to City Mill's credit terms (net 30 days from statement date). Interest will accrue at the rate of 1½% per month (18% annum) on all charge account balances not paid according to regular terms. City Mill reserves the right to apply unused credit(s) to any outstanding balance(s), including finance charges. You agree to pay all collection and legal costs if it is necessary for City Mill to hire an attorney or collection agent to collect outstanding delinquent amounts due by you to City Mill including reasonable attorneys' fees.
- 6) Authorized Business Representative - By signing below on behalf of your business, you represent that your business is a valid business entity and you are an authorized representative of the business with authority to enter into contractual agreements.

If we deny your application based on a consumer reporting agency report, we will advise you of the name and address of the consumer reporting agency from which we obtained the report.

Authorized Signature:

Printed Name:

Title: Date:

Personal Guaranty: (for charge accounts only)

In consideration of the credit extended to Applicant, the undersigned hereby unconditionally and severally guarantees the payment of the account above in accordance with all its terms, including any modified terms made with or without notice given to the undersigned, and without regard to demands for payment and extensions of time that may have been issued the Applicant, any of which shall not release the liability of the undersigned. This is an unconditional and absolute guaranty of payment and not merely a guaranty of collection.

Authorized Signature:

Printed Name:

Title:

Social Security No.: Date:

For Office Use Only:

Approved by: Date:

Account #: Credit Limit \$

To

Name of Seller

Address of Seller

City

State

Postal/ZIP Code

Date of this Certificate

The undersigned hereby certifies the following under the penalties set forth in section 231-36, Hawaii Revised Statutes (HRS), as Purchaser or as an authorized agent or representative of the named Purchaser:

That the Purchaser is the holder of Hawaii Tax Identification No. **GE** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ under the General Excise Tax Law and subject to the taxing jurisdiction of the State.

That the nature and character of the Purchaser's business is:

That this Certificate, until revoked by notice in writing, shall apply to all purchases of tangible personal property which the Purchaser shall purchase from the Seller named above except those orders which the Purchaser specifies by notice in writing that this Certificate does not apply.

That all of the purchases of tangible personal property to which this Certificate applies:

☐ are purchases for resale at retail or leases under Chapter 237, HRS; **and/or**

☐ are purchases for resale at wholesale under Chapter 237, HRS;

That the Purchaser, pursuant to section 237-13(2)(F)(i), HRS, and section 18-237-13-02(d)(2)(B), Hawaii Administrative Rules, shall pay to the seller the amount of any additional tax imposed upon the seller with respect to any transactions covered by this certificate.

Name of Purchaser

Address of Purchaser

City

State

Postal/ZIP Code

Signature

Print Name of Signatory

Title (Owner, Partner or Member, Officer, or Duly Authorized Agent)

Date

Seller should retain this Certificate for Seller's files. Do NOT send to the Department of Taxation.

CITY MILL

CREDIT or CASH  
ACCOUNT  
APPLICATION

NO POSTAGE  
NECESSARY IF  
MAILED IN THE  
UNITED STATES

BUSINESS REPLY MAIL  
FIRST CLASS MAIL PERMIT NO. 907, HONOLULU, HI

POSTAGE WILL BE PAID BY ADDRESSEE

CITY MILL COMPANY, LTD.  
COMMERCIAL CREDIT DEPT.  
660 N. NIMITZ HIGHWAY  
HONOLULU, HAWAII 96817

✓ Convenient terms!

✓ No need to carry  
cash or checks!

✓ No card to fumble  
around with or lose!

✓ Just present your  
ID for charging  
privileges!

✓ It's fast and easy!

Apply Today!

CITYMILL.COM   