



University of California, Santa Cruz

Credit Application Commercial

Important: Form must be filled out in [Adobe Reader 8](#) or above for form functionality

Section 1: Business Information

Business name: _____

Department: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Billing address (if different than above)

Street: _____

City: _____ State: _____ Zip code: _____

Phone number: (_____) _____ Fax (_____) _____

Contact name: _____

Phone number: (_____) _____ Ext.: _____

Email address: _____

Federal Tax ID: _____ Years in Business: _____

Type of business: Corporation Partnership Sole Proprietorship

Describe the products or services to be purchased

Amount of credit requested \$ _____

Section 2: Prior history with UC

Please provide a response to each of the following questions:

Yes No Has your organization or an affiliate purchased goods or services from UCSC before?

Yes No Has your organization or an affiliate applied for credit with UCSC within the last five (5) years? If "yes", specify dept./pgm _____

Yes No Has your organization or an affiliate purchased goods or services from another University of California campus in the last five (5) years? If "yes", specify location _____

Section 3: Credit References

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Account number: _____

Contact name: _____ Phone: (_____) _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Account number: _____

Contact name: _____ Phone: (_____) _____

Section 4: Payment Terms

Payment is due within thirty (30) days of invoice date. An account with a past due balance is subject to the assessment of a one-time late payment fee assessed at 5.0% of the total balance due. Accounts more than ninety (90) days past due are subject to collection action and the assessment of a \$12.50 fee. Until credit is established, all orders must be prepaid.

Section 5: Certification Authorization

I declare that the above information is true, correct and complete and has been provided to induce the University of California, Santa Cruz ("UCSC") to extend credit. I authorize UCSC to make such credit investigation as it sees fit, including contacting the above trade references and banks and obtaining credit reports. I authorize all trade references, banks and credit reporting agencies to disclose to UCSC any and all information concerning the financial and credit history of my organization. I have read the terms and conditions stated above and agree to all of those terms and conditions.

Signature - Authorized Officer _____ Date: _____

Print Name _____ Title _____

Return completed and signed form to the address listed below:

Section 6: Mailing Information

NOTE to Dept. - Enter your campus Mail stop and the name of the contact person in your unit and his/her Email address before sending this form to the business which is applying for credit.

Attn: _____ Mail Stop: _____

University of California, Santa Cruz
 1156 High Street
 Santa Cruz, CA 95064

Email: _____