



# University of California, Santa Cruz

## Credit Application

### For Governmental and Non-Profit Organizations

This form is used by a Governmental agency or Non-Profit organization to request an extension of credit from the Regents of the University of California to facilitate the purchase of products or services from the University of California, Santa Cruz campus.

#### Organization Information

Organization Name: \_\_\_\_\_

Department/Program: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

#### Billing Address

(if different than above)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_

Contact Email address: \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Describe the products or services to be purchased:

Amount of Credit requested: \$ \_\_\_\_\_

Please provide a response to each of the follow 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 \_\_\_\_\_

**Credit References**

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Contact name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Contact name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Contact name: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**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.

**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 of authorized officer: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_