

We strongly advise consulting with us before committing to a specific area and building. Due to market saturation and/or existing resellers in certain geographies, we may restrict product availability or decline to open an account. Therefore, please be aware that completion of a Wholesale Application does not guarantee your acceptance as a PARsource / Hydrofarm reseller.

All information will be held in the strictest of confidence. Please print clearly

Company Name: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

If Division or Subsidiary, Parent Company Name: \_\_\_\_\_

Bill to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Ship to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Resale Cert. #: \_\_\_\_\_ Do you sell on the internet: No  Yes

**Type of Business**

- I/We will be purchasing items for our own internal use.
- I / we would like to be considered a distributor / selling to retail stores or consumers.
- I / we would like to be considered a distributor / selling to commercial growers.
- I/We agree that we **will not resell to other wholesale businesses** unless otherwise agreed to by PARsource / Hydrofarm in advance.

If Already in business, list primary business activities: \_\_\_\_\_

List type of Products sold: \_\_\_\_\_

C-Corporation       Sub Chapter S      Tax ID# \_\_\_\_\_

Name of Principal(s) / Officer(s)	Title	Percentage Owned

If more than 3 officers please include separate sheet with this same information.

Partnership      Tax ID # \_\_\_\_\_

Owner(s)/Partner(s): \_\_\_\_\_ Percentage Owned: \_\_\_\_\_ %

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Own Home \_\_\_\_\_ Rent \_\_\_\_\_ # of years \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Owner(s)/Partner(s): \_\_\_\_\_ Percentage Owned: \_\_\_\_\_ %

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Own Home \_\_\_\_\_ Rent \_\_\_\_\_ # of years \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

If more than 2 partners please include separate sheet with this same information.

Sole Proprietorship

Tax ID # \_\_\_\_\_

Owner Name: \_\_\_\_\_ Own Home \_\_\_\_\_ Rent \_\_\_\_\_ # of years \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

**Accounts Payable**

Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Join PARsource / Hydrofarm and GO GREEN! We can email your invoices instead of snail mail. If you would like your invoices sent to the email address on page 1, please check here

**Placing Orders**

Authorized Personnel: \_\_\_\_\_ Title: \_\_\_\_\_

Would you like to confirm items on your sales orders prior to shipping? Yes  No

Authorized Personnel: \_\_\_\_\_ Title: \_\_\_\_\_

**Bank Credit Reference** Checking  Savings

Name of Branch: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

**Business Credit References**

Please list **two** active references with whom you deal on an open account basis:

●Name: \_\_\_\_\_ ●Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

●Name: \_\_\_\_\_ ●Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Have you ever filed bankruptcy? No  Yes  Date: \_\_\_\_\_ State Filed: \_\_\_\_\_

**BACK UP CREDIT CARD VERIFICATION AND AUTHORIZATION:**

In conjunction with the Terms and Conditions of PARsource / Hydrofarm, Net 30 day account, I authorize Hydrofarm to charge the following credit card for any balances due PARsource / Hydrofarm that have not been paid within my net 30 day terms.

Visa/MasterCard (circle on): ACCOUNT NUMBER: \_\_\_\_\_ EXP \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

The undersigned in making this application for open account credit agrees as follows:

- He/She is authorized to sign this account agreement and all information given is accurate and correct.
- He/She agrees to notify PARsource / Hydrofarm immediately of any change in ownership or corporate structure.
- He/She authorize PARsource / Hydrofarm to investigate the above references for determining eligibility for trade credit.

- He/She authorizes third parties to release all relevant information to PARsource /Hydrofarm in processing this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Hydrofarm, Inc. • 2249 South McDowell Ext • Petaluma CA 94954  
Telephone 800-634-9990 • Fax: 707-765-9888

**Internal Use Only:**

Approved by: _____	Customer #: _____	Date Entered: _____
Salesperson #: _____	Terms: _____	CPL: _____
Price Level: _____	Credit Limit: _____	Ship Via: _____
Special Notes: _____		

## Terms & Conditions

- New accounts must fill out a Wholesale customer application form and provide Hydrofarm with their federal tax ID number as well as a completed resale card and Personal Guaranty with a business license. A photo of the store may also be required.
- Credit is available for established accounts provided proper documentation is received and credit check approved. Please inquire with our AR department. Terms may be removed at anytime that PARsource / Hydrofarm deems necessary.
- **PARsource / Hydrofarm** accepts Visa, MasterCard, and Discover for credit card payments. A completed and signed credit card authorization form will be required for this payment option.
- PARsource / Hydrofarm is pleased to accept ACH (electronic check) as a payment option. A completed and signed ACH Authorization form is required for this payment option.
- A \$40 fee will be charged for payments returned to PARsource / Hydrofarm for non-sufficient funds.
- Any account not paid in full within (60) days will be assessed a service charge of 1.5% or the state maximum allowable fee.
- If any invoices are not paid in full by discount due date – then no invoices will be eligible for a discount – discount will be reestablished once all invoices are within the discount due date.

All payments must be remitted to our corporate office:

**Hydrofarm, Inc.**  
**2249 South McDowell Extension**  
**Petaluma, CA 94954**

- All prices are FOB our Distribution Centers unless otherwise noted.
- Credit limits requested in excess of \$50,000 may require a signed UCC filing for value of PARsource/Hydrofarm delivered inventory.
- From time to time during our business relationship, samples of PARsource / Hydrofarm, Inc. products or other vendor distributed products may be provided to you at no charge. You may be responsible to report and pay any applicable use tax on these items in accordance with the laws of your state.

## **Freight**

- The best shipment method will be determined by PARsource/ Hydrofarm. Most orders are shipped via common carrier. PARsource/ Hydrofarm will prepay and add freight charges to invoices that do not qualify for the free freight incentive.

## **Damages & Shortages**

- All freight damages and shortages must be noted on the bill of lading at the time of delivery. PARsource / Hydrofarm and the freight carrier are not responsible for damages or shortages not clearly noted on the bill of lading. Please fax to one of the following - **Western Division** - 800-634-9906 /email [raca@hydrofarm.com](mailto:raca@hydrofarm.com) / **Eastern Division** - 800 587 0507 email [rapa@hydrofarm.com](mailto:rapa@hydrofarm.com) / **Midwest Division** - 877 634 9996/email [ratx@hydrofarm.com](mailto:ratx@hydrofarm.com) **Southeast Division** - (866) 620-7654/email [rafi@hydrofarm.com](mailto:rafi@hydrofarm.com). Hydrofarm requests a copy of the bill of lading with the notes within 24 hours of receipt of your order.

## **Drop-ship orders**

- Any drop-ship order will be charged a \$5.00 drop-ship fee. PARsource / Hydrofarm is not responsible for damaged or lost drop-shipments. All lost/damaged claims related to drop-shipments must be handled directly with the freight carrier. Any special packaging situations may be subject to additional charges.

## Return Authorization Policies & Procedures

PARsource / Hydrofarm is committed to providing quality products and outstanding customer service. If you experience any issue with a product purchased from PARsource / Hydrofarm, we ask that you adhere to the following policies and procedures. PARsource / Hydrofarm Return Authorization phone and fax numbers, and email addresses are listed below. Based on your location, please contact the distribution center closest to you for troubleshooting tips. After troubleshooting, if the item is still not operating properly, then you must obtain a Return Authorization Number. No warranty returns will be accepted without prior assignment of an RA number.

### **To obtain a Return Authorization Number, please complete the following:**

- 1) Using the RA request form, please complete and fax to the attention of the Returns Dept. The form must be filled out *completely*, including product code, nature of problem and most importantly, an invoice number for proof of purchase. Please go to *hydrofarm.com* to obtain copies of this form
- 2) Once you have submitted your request, you will be contacted by our Returns Dept. with RA # and return shipping documents by email within 24 hrs
- 3) Your RA# must be written on each box being returned for identification purposes. You must also include a copy of the RA with your return shipment.
- 4) Products returned to PARsource / Hydrofarm without prior or proper RA documentation may be refused.

**PLEASE NOTE: Any missing information may delay your return or result in your return not being processed**

## Additional Warranty Notes

### PARsource / Hydrofarm products

- ***If under warranty:*** We will issue a UPS call tag or bill of lading electronically. Print out the shipping documents and contact the designated carrier when the shipment is ready for pick up. We will repair and return the merchandise to you at our cost. If repair is not possible, we will credit you or reship a new product.
- ***If not under warranty:*** You are responsible for all freight costs as well as the cost of repair. Our RA department will contact you for approval prior to repairing an item out of warranty.

### Distributed products

- **PARsource / Hydrofarm** follows the warranty guidelines put in place by our various vendors. Please refer to these warranty instructions. For further information or call our RA department for any update. Please note that some manufacturers do not credit or replace products — they repair and return them. Contact the vendor directly. Do not send these products back to PARsource / Hydrofarm.

### Partial list of vendors that prefer to handle warranty issues direct

- CAP ● EZ Clone ● FHD ● General Hydroponics ● Green Air Products ● HM Digital ● Hydro Innovations ●
- Hydro Logic Purification ● Hydro Dynamics Int'l ● Light Rail ● Nova Biomatique ● Milwaukee Instruments ●
- Sentinel ● Solatel, Inc. ● SpectraPure ● Uvonair ● Waterbury Companies ●

- All lighting systems should be tested thoroughly before being returned. Do not replace defective ballasts with new ones. Give customer a loaner unit until we repair theirs. If you do not have loaner ballasts, please contact your RA representative to arrange for a set.

**Hydrofarm West RA**

800.634.9990 x 250

FAX: 800.634.9977

[Domenico@hydrofarm.com](mailto:Domenico@hydrofarm.com)

**I have read, understand and agree to follow PARsource's / Hydrofarm's Return Authorization Policies and Procedures as listed above. Any deviation from the above policies and procedures may result in the return being rejected:**

● Signed: \_\_\_\_\_

● Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

## Continuing Guarantee

**Sole Proprietors, Partnerships, Limited Liability Companies, Limited Liability Partnerships, S Corporations, Non-Public C-Corporations must sign our personal guarantee. Please do not enter company name or DBA in the name area below.**

**To: Hydrofarm, Inc.**

To induce you to sell merchandise on open account to:

Fill in first and Last Name

Fill in your Social Security Number

(hereinafter called "Debtor:") on terms and arrangements as agreed to by you and Debtor from time to time, we hereby jointly and severally unconditionally guaranty to you prompt payment on its due date of any and all sums now and hereafter owing to you by the Debtor. Our guaranty to you will remain in effect regardless of the payment arrangement you make with the Debtor, including changes in payment terms, receipt of security, collateral, or other matters which may effect the due date of the obligation or the manner in which it is to be paid. You may make any arrangement you believe is necessary without providing us with notice or requesting our consent.

We also hereby jointly and severally agree to reimburse you for all expenses, collection charges, court costs, and attorney's fees incurred in enforcing any of the forgoing against the Debtor or us.

You may proceed to enforce this guaranty if the Debtor defaults even if you take no action to enforce payment by the Debtor. Nothing contained herein shall be construed to require you to extend credit to the Debtor. The pronouns "we", "us", and "our" shall be construed in the singular if there is only one guarantor.

**Acceptance:** I/we declare that all of the information given is true and correct and I/we agree to all of the above mentioned conditions:

**Debtor Signature:** \_\_\_\_\_

**Debtor Signature:** \_\_\_\_\_

**Debtor name:** \_\_\_\_\_

**Debtor name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Please include a copy of your resale certificate and business license with your application.  
Please use the following fax cover sheet page to return your information to us.**

**Hydrofarm, Inc. • 2249 South McDowell Ext • Petaluma CA 94954  
Telephone 800-634-9990 • Fax: (707) 765-9888**

**ACH Authorization Agreement**

By signing below, I (we) hereby authorize **Hydrofarm** to initiate credit or debit entries to my (our) Checking/Savings Account by debiting or crediting the account indicated on the attached voided check, herein after called **DEPOSITORY**, and to debit or credit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force until **Hydrofarm** has received written notification from me (or my designate) of its termination in such a time as to afford **Hydrofarm** and **DEPOSITORY** reasonable opportunity to act.

**Customer Number:** \_\_\_\_\_ - \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

**Signature**

Authorized Signature (Primary): \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ **Date:** \_\_\_\_\_

You must attach a voided **check** for a **checking** account or a **deposit slip** for **savings account**;  
(You can make a copy of blank check or deposit slip and write VOID across the copy)

**Please return this form and voided check copy to:**

**Fax: (707) 765-9888**

**Email: [AR@hydrofarm.com](mailto:AR@hydrofarm.com)**

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**If you chose ACH as your preferred method of payment it is your responsibility to ensure the funds are available when the invoices are due.  
Any change requested in terms to an order must be communicated when you place an order.**

**PARsource / Hydrofarm  
Credit Card Authorization Form**

By signing below, I (we) hereby authorize **Hydrofarm, Inc.** to initiate credit or debit entries to my (our) credit card by debiting or crediting the account indicated below, herein after called **DEPOSITORY**, and to debit or credit the same such account. I (we) agree to pay within our established credit terms with **Hydrofarm, Inc.** for all goods ordered from **Hydrofarm, Inc.** I (we) acknowledge that the origination of credit card transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force until **Hydrofarm, Inc.** has received written notification from me (or my designate) of its termination in such a time as to afford **Hydrofarm, Inc.** and **DEPOSITORY** reasonable opportunity to act.

Customer Number: \_\_\_\_\_ - \_\_\_\_\_

Customer Name: \_\_\_\_\_

Name on Card (if different from above): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Card Type (please check one):

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**Please return this completed form to:**

**Hydrofarm, Inc.**  
**Fax: (707) 765-9888**  
**Email: AR@hydrofarm.com**

FAX COVER SHEET – PARsource CREDIT APPLICATION

**To:** PARsource  
**Attn:** New Accounts  
**FAX:** PARsource – (707) 765-9888

**Pages:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Type of business** *(Please check one to expedite process):*

- Commercial Greenhouse Manufacturer
- Commercial Greenhouse Distributor
- Retail Garden Center
- Electrical Contractor / Contractor / Greenhouse builder
- Internet Company
- Other (Specify) :

The following documents are required to begin the application process:

- Completed & signed Wholesale Credit Application
- Completed & signed Personal Guarantee
- Completed Blanket Resale Certificate
- Completed ACH or Credit Card Auth Form (if applicable)
- Copy of Business License
- Copy of Seller's Permit
- Photo of Storefront

*Missing documentation could result in delays in establishing your account.*

*Thank you for your interest in becoming a PARsource customer, we look forward to being part of your success!*