



2007 NEW CUSTOMER SET UP AND CREDIT APPLICATION

Account Set Up

Company name:

Phone:

Fax:

E-mail:

Shipping address:

City:

State:

ZIP Code:

Billing address:

City:

State:

ZIP Code:

**Lead Time
Expected:**

**Will you accept back
orders?:**

Yes

No

**Preferred method of
Communication:**

Fax

Mail

Phone

Email

Terms:

**Will you accept back
orders?:**

Yes

No

Preferred shipment Method:

Will Call

UPS-Our Account

UPS Your Account

Other (Please call to set up alternative shipping methods)

Your UPS Account #:

Anticipated Order Pattern:

1X week

2X a week

1X month

Other (Please Specify)

Sales Rep:

Please attach the following to this signed application for credit

- 1. Resale Card (only customers based in California)**
- 2. 2007 New Distributor Profile**



2007 NEW CUSTOMER SET UP AND CREDIT APPLICATION

Account Set Up

| | | | | | | | |
|--|--|---|-------------|---|--|--------------------------------|--|
| Contact Person: | | | | Title: | | | |
| A/P contact name: | | | | | | | |
| Phone: | | | Fax: | | | | |
| E-mail: | | | | | | | |
| Purchasing contact name: | | | | | | | |
| Phone: | | | Fax: | | | | |
| E-mail: | | | | | | | |
| Where would you prefer invoices be mailed to ?: | | | | | | | |
| | | <input type="checkbox"/> Billing Address | | <input type="checkbox"/> Shipping Address | | <input type="checkbox"/> Email | |
| <input type="checkbox"/> Other Please Specify | | <input type="checkbox"/> Email Please Specify | | | | | |

Business and Credit Information

| | | | | | | |
|--|--|--|--|--------------------------------------|--|--------------------------------------|
| Primary business address: | | | | | | |
| City: | | State: | | ZIP Code: | | |
| Date business commenced: | | | | | | |
| Type of business: | | | | | | |
| | | <input type="checkbox"/> Sole Proprietorship | | <input type="checkbox"/> Partnership | | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Other | | | | | | |
| How long at current address?: | | | | | | |
| Resale Number (If in California): | | | | | | |

***Please Attach a valid Resale Certificate if in California**



2007 NEW CUSTOMER SET UP AND CREDIT APPLICATION

Bank Information

Bank name:

Bank address:

City:

State:

ZIP Code:

Account number:

Phone:

Type of account:

Savings

Checking

Other

Business/trade references

1. Company name:

Contact Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

2. Company name:

Contact Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

3. Company name:

Contact Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:



2007 NEW CUSTOMER SET UP AND CREDIT APPLICATION

Credit card Information

Please Note that your first order will be charged to the credit card below. Subsequent orders will be charged based upon the above agreed terms. The below credit card will be kept on file to be used only in case of account default.

Name as it Appears on Credit Card:

Credit Card Billing Address:

City: State: ZIP Code:

Telephone Number on File:

Type of Credit Card: Account #:

Expiration Date: 3 or 4 digit Security Code:

Authorized users

Name: Title:

Name: Title:

Agreement

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signatures

Date: Title:

Signature

Date: Title:

Signature