



CREDIT APPLICATION

BUSINESS

Name _____
 Billing Address _____
 City _____ State _____ Zip _____

Physical Address _____
 City _____ State _____ Zip _____

Business Type

- Catalog Store
- Retail Store
- Wholesale/Distributor

Resale Certificate # _____ D & B _____

Name & Address of Individuals or Partners/ Name, Title of Corporate Officers

 _____ Phone _____
 _____ Fax _____
 _____ Email _____

Purchasing Contact

 _____ Phone _____
 _____ Fax _____
 _____ Email _____

Accounts Payable Contact

 _____ Phone _____
 _____ Fax _____
 _____ Email _____

References (including name, address, phone and fax numbers)

Bank _____

Trade

1 Name	_____	Phone	_____
Address	_____	Fax	_____
Contact	_____	Acct #	_____
2 Name	_____	Phone	_____
Address	_____	Fax	_____
Contact	_____	Acct #	_____
3 Name	_____	Phone	_____
Address	_____	Fax	_____
Contact	_____	Acct #	_____

ORGANIC CO. TERMS NET 30 DAYS; 2% PER MONTH CHARGED ON OVERDUE ACCOUNTS

By submitting and signing this form you certify the above information to be true and agree to terms of credit.

Name _____ Title _____
 Signature _____ Date _____