



CREDIT APPLICATION

COMPANY NAME: _____

TYPE OF BUSINESS: (i.e. Distributor, Retailer, Professionals, etc.) _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

SHIPPING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ OWNER: _____

FAX: SALES TAX EXEMPT #: _____ # OF BRANCHES & LOCATIONS: _____

EMAIL ADDRESS: _____ WEBSITE ADDRESS: _____

EST. ANNUAL PURCHASES: _____ EST. ANNUAL SALES: _____

INDICATE TYPE OF BUSINESS ENTITY: () SOLE PROPRIETORSHIP () PARTNERSHIP () CORPORATION

PERSON RESPONSIBLE FOR INVOICE PAYMENT AND APPROVAL:

NAME: _____ TITLE: _____

HOW LONG UNDER PRESENT OWNERSHIP: _____

CREDIT LIMIT REQUESTED: _____

DO YOU HAVE A BANK LINE OF CREDIT? () Yes () No (If Yes, name and address of bank)

BANK REFERENCE: _____

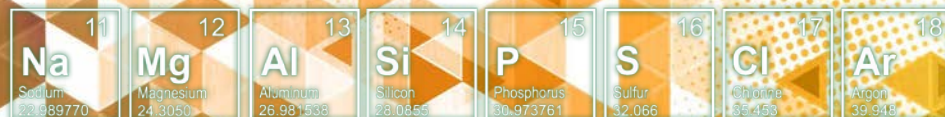
BANK NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____

ACCOUNT NUMBER: _____ CONTACT: _____



CREDIT APPLICATION (cont.)

Upon a positive acceptance by Homeopath Ellen's of this application, I (we) agree to pay for all goods purchased according to the terms of each transaction.

I understand that service charges will accrue on past due balances at the end of each month at a rate of 1.5% per month (18% annum). If such charges are posted to my account I will accept liability for payment.

Signature: _____ **Date:** _____

Name: _____ **Title:** _____

This form must be COMPLETED IN FULL AND SIGNED or it will be returned to the applicant. Please attach a copy of your letterhead. Thank you for your interest in establishing credit with Homeopath Ellen's. You will be notified when a credit decision is affected. Processing of the application requires two to three weeks, dependent upon how quickly your references respond and the research completed.

Business References:

1. **Name:** _____

Address: City, _____

State, Zip: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Contact: _____ **Avg. Monthly: \$** _____

2. **Name:** _____

Address: City, _____

State, Zip: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Contact: _____ **Avg. Monthly: \$** _____

3. **Name:** _____

Address: City, _____

State, Zip: _____

Telephone: _____ **Fax:** _____ **Email:** _____

Contact: _____ **Avg. Monthly: \$** _____

I consent to the release of this information for the use of Homeopath Ellen's purpose of qualification.

Applicant Signature: _____ Date: _____

Equal Credit Opportunity Information

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the Applicant has the capacity to enter into a binding contract), because all or part of the Applicant's income derives from any public assistance program, or because that Applicant has in good faith exercised any right under the Consumer Credit Protection Act.

