



**New Account & Credit Application**

(For Sales) Sales Representative - Name & Contact Information: \_\_\_\_\_

**BUSINESS INFORMATION**

**CUSTOMER #** \_\_\_\_\_

Company Name: \_\_\_\_\_ Month/Year under current ownership: \_\_\_\_\_

D/B/A Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Owner/Officers Name: \_\_\_\_\_ Title: \_\_\_\_\_

Owner/Officers Name: \_\_\_\_\_ Title: \_\_\_\_\_

Buyer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Corp/FEIN# \_\_\_\_\_ LLC# \_\_\_\_\_ Partnership: \_\_\_\_ Other: \_\_\_\_\_

Sole Proprietor: \_\_\_\_\_ Printed Name: \_\_\_\_\_ SS# \_\_\_\_\_ (Home Phone#) \_\_\_\_\_

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

**SHIP TO INFORMATION**

Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**BILL TO INFORMATION** (If different than ship to information)

Bill to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PAYMENT TERMS** (Select One Option) (If automatic payments via ACH are chosen, please complete the Authorization form)

**Prepaid:** Check  ACH  **Credit Card:**  Visa  M/C  Discover  AMEX

**NET 30:** Check  ACH  Anticipated Monthly Purchases \$ \_\_\_\_\_ Payment option until terms are approved  CC \_\_\_\_\_

**BANK REFERENCE** (Must be provided for NET 30 terms)

Name on Account: \_\_\_\_\_ Type of Account: \_\_\_\_\_ Account#: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**TRADE REFERENCES** (Must be provided for NET 30 terms)

**Please provide 3 Natural Food suppliers with whom you have NET 30 or similar payment terms.**

Company Name \_\_\_\_\_ Account# \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**TERMS AND CONDITIONS**

**CREDIT TERMS:** Applicant understands that all orders must be prepaid, or paid by credit card until credit terms have been approved. If the credit application is approved, terms of payment are 30 days from the date of invoice. Orders will NOT be shipped while past due invoices are still on your account. A finance charge of 1½% per month (18% per annum) will be assessed on all amounts not paid within 30 days. In the event the account is delinquent and satisfactory arrangements have not been made for payment, all legal, attorney fees, and collection costs, with or without suit, will be assumed and paid for by applicant. The undersigned hereby represents that all information furnished on this application is correct to the best of his/her knowledge. The applicant also agrees to abide by the credit terms established by NOW Health Group, Inc. and personally guarantees payment of all debts hereafter owing to NOW Health Group, Inc. by applicant.

**I authorize the release of credit information to NOW Health Group, Inc. and I accept the conditions set forth in this credit application.**

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

Printed Name: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_