



NEW ACCOUNT & CREDIT APPLICATION

395 S. GLEN ELLYN RD. BLOOMINGDALE, IL 60108
1-888-NOW-FOODS or 1-630-545-9098 Fax 1-630-942-8963

Hours 8:00 AM until 5:00 PM Central Time

PLEASE FILL OUT COMPLETELY

Customer Number _____ Sales Representative _____

MONTH / YEAR, business came under control of current owners: _____

Company Name _____

D/B/A Name _____

Shipping Address _____

City _____ State _____ Zip _____

Billing Address (if different from shipping address) _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

E-Mail _____ Web-Site _____

Accounts Payable Contact: Name: _____ Phone Number: _____

What is the primary nature of your business at this location?

Health Food Store Health Food Mfgr. Mail Order Export Other _____

Sole Proprietorship—requires Social Security # ____-____-____ & date of birth __/__/__ of proprietor

Corporation- requires FEIN # _____ Partnership Other _____

Is your business/store a subsidiary of any corporation or other entity: YES___ NO___

If yes, list full name and address of operation. _____

OWNERS, PARTNERS, OR OFFICERS OF COMPANY:

Name _____ Title _____ Home Phone _____

Home Address _____

Name _____ Title _____ Home Phone _____

Home Address _____

FOR INTERNAL USE ONLY:

SALES CHANNEL: CHN DOC GNCC GNCF HG IND INT SWS

DOCTOR TYPE: DC LAC LMT MD ND OTHER PHARM

DATE _____ **BANK** _____ **TRADE** _____ **TRADE** _____ **TRADE** _____

TERMS _____ **CREDIT LIMIT** _____ **ORDER LIMIT** _____ **APPROVAL** _____

PAYMENT TERMS

C.O.D. (Signature and Bank Information)

CREDIT CARD: Visa, Master Card, or Discover (Signature only, any credit cards used MUST be in the name of the Owner or Business)

PREPAID (Pick method below)

ACH (Direct Withdrawal From Checking Account)

Business Check/Money Order

NET 30 Terms (Pick method below, Bank and Trade Reference MUST also be provided)

ACH (Direct Withdrawal From Checking Account)

Business Check/Money Order

AND Anticipated Monthly Purchases: \$ _____ (to Determine Credit Limit)

BANK INFORMATION: (For COD and NET 30 Terms only)

Your name or business name as shown on your bank account: _____

Name of Bank _____ Phone Number _____

Address _____ Fax Number _____

City _____ State _____ Zip _____

Type of Account _____ Account # _____

TRADE REFERENCE: Please list 3 major Natural Food suppliers with whom you currently have open account terms with (example. NET 30 or, Net 15 day terms, etc).

Company Name Account Number Phone Number Fax Number

Company Name Account Number Phone Number Fax Number

Company Name Account Number Phone Number Fax Number

CREDIT TERMS: Applicant understands that all orders must be prepaid, C.O.D. or credit card until credit has 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 Foods and personally guarantees payment of all debts hereafter owing to NOW Foods by applicant.

I authorize release of credit information to NOW Foods and I accept the conditions set forth in this credit application.

Print Authorized Name (Owner -Officer) Signature Title Date

Print Authorized Name (Owner -Officer) Signature Title Date

SIGNATURE REQUIRED FOR ALL NEW ACCOUNTS, HOWEVER A CREDIT REVIEW WILL ONLY BE DONE IF NET 30 TERMS ARE REQUESTED.

***** **IMPORTANT** *****

STATE SALES & USE TAX LAWS REQUIRE US TO OBTAIN A COMPLETED RESALE TAX EXEMPT CERTIFICATE FORM AND A COPY OF YOUR RETAILERS OCCUPATION SALES OR USE TAX CERTIFICATE FOR THOSE STATES WHICH IMPOSE SALES TAX.

THE UNIFORM SALES & USE TAX CERTIFICATE MULTI JURISDICTION FORM MAY BE USED BY THOSE STATE'S WHICH ARE LISTED ON THE FORM. FOR THOSE STATES WHICH ARE NOT LISTED, (IN, LA, MA, MS, NY, VA, WV, WY) YOU WILL NEED TO OBTAIN AN EXEMPT CERTIFICATE FROM THE DEPARTMENT OF REVENUE LOCATED IN YOUR STATE. YOU MAY ALSO CONTACT A NOW REPRESENTATIVE TO OBTAIN A COPY OF THESE FORMS.

PLEASE RETURN ALL THREE DOCUMENTS TO THE SALES DEPARTMENT FAX: 1-630-942-8963