

Social Security or Federal I.D. #: _____

Company Name: _____

Billing Information

Name _____

Address _____

City/State/ZIP _____

Telephone _____

Fax _____

Business Structure: Corporation Partnership Sole Ownership Division

Nature of Business: OEM Distributor VAR Retail End User Other

Shipping Information

Name _____

Address _____

City/State/ZIP _____

Telephone _____

Fax _____

1) Name _____

Title _____

2) Name _____

Title _____

3) Name _____

Title _____

1) Name _____

Acct. No. _____

Address _____

City/State/ZIP _____

Telephone _____

Fax _____

Payment Terms _____

1) Name _____

Acct. No. _____

Address _____

City/State/ZIP _____

Telephone _____

Fax _____

Payment Terms _____

1) Name _____

Acct. No. _____

Address _____

City/State/ZIP _____

Telephone _____

Fax _____

Payment Terms _____

NOTE: Financial statements for your fiscal year and current year-to-date are essential for producing an accurate credit appraisal. They are enclosed: YES NO

If no, please explain _____

BANK REFERENCES

Name _____ Contact _____
Address _____ City/State/ZIP _____
Telephone _____ Fax _____
Checking Acct. No. _____ Other Acct. No. _____
Printed Name/Title _____

SALES & USE TAX - CERTIFICATE OF EXEMPTION

I HEREBY CERTIFY that I hold a valid permit number: _____
issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling
_____; that the tangible personal property
described herein which I shall purchase from Natural Solutions will be resold by me in the form
of tangible personal property; provided, however, that in the even any such property is used for
any purpose other than retention, demonstration, or display while holding it for sale in the regu-
lar course of measure by the purchase price of said property.
Description of property to be purchased: _____

CREDIT AGREEMENT

The seller, in reliance upon the statements and representations contained in the Credit Application and Agreement, may extend credit to the applicant company named in this agreement for the purchase of products and services. Credit may be extended on open account, by acceptance of company check, C.O.D. terms, or by invoicing with terms requiring any form of payment other than cash. If credit is extended, the applicant company agrees as follows:

- 1) To pay all invoices within our terms of sale of Net 30 days of invoice date. These terms may not be altered by any Natural Solutions employee without written approval from the president of Natural Solutions.
- 2) That all past due invoices are subject to a finance charge equal to the legal interest rate.
- 3) To pay all collection fees, reasonably attorney fees, court costs, and other expenses incurred by the seller to effect the recovery of sums due from the applicant company in the event of non-payment.

The information submitted in this application is for the purpose of obtaining credit and is warrant-
ed to be true. I agree to the stated credit terms of this agreement. I hereby authorize Natural
Solutions and its authorized agent(s) to investigate and employ any credit information bureau
service and/or other investigative agency and/or any other person pertaining to my credit and
financial responsibility.

Authorized Signature _____ Date _____

Print Name/Title _____