



Credit Application

*Please complete application, sign and fax to our corporate office: 401-633-6066

Billing Information

Complete Legal
Business Name _____

Address _____ Suite _____

City _____ State _____ Zip _____

Phone: _____ Fax _____ E-mail Address _____

Type of Business: Corporation Partnership Sole Proprietor Other

If Sole Proprietor, please provide:

Principal Owner(s) _____ Soc. Security #: _____

Tax Status: Taxable Exempt * Tax Certificate # _____

*** If exempt, please fax a copy of State Tax Exemption Certificate.**

Shipping Information (if not same as above)

Name _____

Address _____ Suite _____

City _____ State _____ Zip _____

(Option 1-paying by check)

Bank References

Bank Name/Address _____

Account # _____ Phone# _____

(Option 2-paying by credit card)

Credit Card Information

American Express ___ MasterCard ___ Visa ___ Discover ___

Card Number _____ Expiration Date: _____

Name of Account as it appears on Credit Card _____

Billing Address of credit card _____

Cardholder's Signature _____

Please Check One of the Following:

I authorize payment(s) of all purchases to credit card on file.

If payment is not received by check in 30 days as per terms, I authorize payment to be applied to credit card on file*

*Note – Copy of paid invoice(s) along with credit card payment receipt/report will be forwarded for your records.

In submitting this application, the applicant hereby warrants the following: The information submitted is true and correct. Solace Nutrition is authorized to investigate the applicants credit record through any credit-reporting agencies. It is also understood that you are aware that in consideration of the extension of credit, the applicant agrees that payment in full will be made no later than (30) days from invoice date. A 1.5% per month finance charge will be assessed on all past due balances. Applicant agrees to pay any collection costs incurred to collect the balance amount, including reasonable attorney's fees.

Personal Guarantee: For Valuable consideration given, it is also understood that by submitting the above information, you agree to pay and will be held personally liable for all previous and future indebtedness or liability incurred in the name of the applicant firm without qualification or limitation. This is a continuing guarantee and shall continue so long as credit is extended. In the event the account is turned over to a collection agency or attorney for collections, the applicant agrees to pay collection agency, attorney's fees or any and all costs in collection. The applicant waives notice of default, diligence, resort to security, joinder of applicant, obligation to proceed first against applicant, any claims, rights or remedies against applicant based on this guarantee, or notice of change in credit terms or credit limits.

Signature: _____
Principal Owner (applicant) Title Date
(Individually and President)

This form is being faxed to
401-633-6066
Attn: Credit Department