

PURECHOICE

Accounting Contact: Julie Pfarr
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Credit Application

BILLING/SHIPPING INFORMATION

| | | |
|------------------------|-----------|----------|
| Official Company Name: | | |
| Bill To: | Ship To: | |
| | | |
| | | |
| | | |
| Main Phone: | Main Fax: | A/P Fax: |

BUSINESS INFORMATION

| | | | | | |
|--------------------------------------|--------------------------------------|---|---|--------------------------------------|-------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Subsidiary of or | <input type="checkbox"/> Division of | _____ |
| Years in Operation: | Type of Business: | | | | |
| Net Worth: | D&B #: | Sales Per Year: | | | |
| President/CEO: | Treasurer/Controller: | | | | |
| VP/Finance: | A/P Manager | | | | |

BANK INFORMATION

| | |
|---|---------------|
| Bank: | Contact Name: |
| Account No.: | Phone: |
| Complete Address: | |
| Do you authorize this bank to release information regarding this account and your credit in general? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Signature authorizing bank to release information and verification that about information is correct: | |
| | Title: |

TRADE REFERENCES

| | |
|--------------|----------|
| Reference 1: | Contact: |
| Phone No.: | Fax No: |
| Reference 2: | Contact: |
| Phone No.: | Fax No: |
| Reference 3: | Contact: |
| Phone No.: | Fax No: |

CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

The applicant certifies that the information contained herein is true and correct and further agrees that PureChoice may turn to a credit-reporting bureau for verification of the information provided.

Applicant agrees that if credit is extended, all credit invoices are due 30 days from the invoice date unless otherwise specified on the invoice.

If payment in full is not received by the due date, Applicant shall owe, in addition to the invoice amount, a late fee of 1.5% per month, plus the cost of collection expenses that PureChoice may incur in recovering the amount owed.

I/We hereby authorize you to whom this application is made, or your agents, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary.

Company Name: (please print)

Prepared by: (signature)

Title:

Date:

Please provide us with copies of all tax exemption certificates.