

WHOLESALE ACCOUNT CREDIT APPLICATION

Wholesale Customers: If you wish to pay by check instead of credit card please submit this form. Approval process usually takes 1-2 weeks.

COMPANY INFORMATION	
Company Name:	Contact Name:
Address:	Phone: Fax: Email: Website:
Type of Business:	Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole-Proprietorship
Year Established:	
Federal Tax ID #:	Sellers Permit #:
Non-profit 501(c)3 status?	ASI#/PPAI# (if applicable):
<u>Purchasing Contact:</u> Name: Title: Phone # & ext.: Email:	<u>Accounts Payable Contact:</u> Name: Title: Phone # & ext.: Email:

BANK REFERENCE			
Name:			
Branch Address & Phone #:			
Fax # & Name of Contact:			
Account #:			
TRADE REFERENCE #1		TRADE REFERENCE #2	
Name:		Name:	
Address:		Address:	
Contact Name:		Contact Name:	
Email:		Email:	
Fax #:		Fax #:	
Phone # & ext.:		Phone # & ext.:	
Account/Ref.:		Account/Ref.:	

Our standard terms for check payment are for receipt of check within net 30 days of invoice date.

Please check this box if you are requesting other terms and provide details.

I, the undersigned, certify that all the information provided in this application is complete, correct and factual. HAE Now, Inc. is hereby expressly authorized to contact any parties listed herein and to verify any information listed in this application. I authorize all parties named herein to release information requested by HAE Now, Inc. for the purpose of establishing credit history.

I understand credit terms are granted based on payment history and may be changed or withdrawn at any time. I also understand that a credit card or alternate form of payment may be required on file and may be used in case of default in payment.

Signature of Authorized Company Representative

Print Name and Title: _____