



THE NATURAL LIGHT
Post Office Box 16449
Panama City, FL 32406-6449
(850) 265-0800
(850) 265-1678 FAX
(800) 331-3898

CREDIT APPLICATION (MUST BE FILLED OUT COMPLETELY AND SIGNED)

NAME OF BUSINESS: _____ SOLE PROPRIETORSHIP: _____
MAILING ADDRESS: _____ PARTNERSHIP: _____
CITY _____ STATE _____ ZIP _____ CORPORATION: _____
SHIPPING ADDRESS: _____ OTHER: _____
CITY _____ STATE _____ ZIP _____ FAX NUMBER: _____
TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____
TYPE OF BUSINESS: _____ AT PRESENT LOCATION SINCE: _____
YEAR ESTABLISHED: _____ NAME OF A/P PERSON: _____
NAME AND ADDRESS OF OWNER OR PRINCIPAL: _____
NAME OF P/A OR BUYER: _____

We are required by law to collect sales tax on all merchandise purchases
unless we have your company tax certificate on file.

CERTIFICATE OF RESALE NUMBER: _____
D & B NUMBER: _____
FEDERAL TAX ID NUMBER: _____
LYON NUMBER AND RATING: _____

The Natural Light extends credit privileges within the guidelines stated below:

The Natural Light shall allow normal payment terms of net 30 days from invoice date. An interest charge of 1½% per month will be assessed against all accounts that are over 30 days old. These accounts shall also be contacted for payment. We retain the right to alter these privileges when the order is accepted.

I/we understand that if credit terms are granted by the Natural Light, I/we agree to pay all invoices within these terms. I/we also understand that no additional credit will be granted if any invoice remains unpaid 30 days beyond terms of sale. Only amounts that the Natural Light recognizes as in dispute shall be exempt. I/we agree to pay all collection costs incurred by the Natural Light, should the Natural Light deem it necessary to place my/our account in the hands of a collection agency or attorney.

COMPANY NAME DATE _____
* _____
(Officer of company only) SIGNATURE

NAME AND TITLE

PLEASE ALSO COMPLETE THE REVERSE SIDE OF THIS FORM

CREDIT REFERENCES

NAME _____ PHONE# _____
ADDRESS _____ ACCOUNT# _____

FAX # _____

CONTACT PERSON: _____

NAME _____ PHONE# _____
ADDRESS _____ ACCOUNT# _____

FAX # _____

CONTACT PERSON: _____

NAME _____ PHONE# _____
ADDRESS _____ ACCOUNT# _____

FAX # _____

CONTACT PERSON: _____

NAME _____ PHONE# _____
ADDRESS _____ ACCOUNT# _____

FAX # _____

CONTACT PERSON: _____

NAME _____ PHONE# _____
ADDRESS _____ ACCOUNT# _____

FAX # _____

CONTACT PERSON: _____

SALES TAX CARD

Please Print

Account Name _____
Street Address _____
City _____ State _____ Zip _____

We/I hereby certify that all of the tangibles which we have or shall purchase from the Natural Light will be purchased for resale in the form of tangible personal property. This certificate shall be notice and be considered as part of each order we have or shall give. This certificate shall be in effect until revoked by written notification to the vendor.

CERTIFICATE OF AUTHORITY

Registration Number _____ Date _____
*Signature _____ Title _____

DO NOT FORGET TO SIGN

BANKS AUTHORIZATION TO RELEASE INFORMATION

Please provide banking information to the Natural Light. This information is requested for use in the extension of credit for business purposes only and will be held in strict confidence.

NAME OF BANK _____ CHECKING ACCOUNT NUMBER _____

NAME OF ACCOUNT _____

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____