



LifeSource, Inc.
10606 Widmer Rd.
Lenexa, KS 66215
913-660-9275 Phone
844-273-8219 Fax

CREDIT APPLICATION

COMPANY INFORMATION:

Legal Company Name: _____ DBA: _____
 Billing Address: _____
 Shipping Address: _____
 Accounts Payable Contact Name: _____
 Phone Number: _____ Fax Number: _____
 Email Address: _____
 Business Type: Corporation (_____ State) Partnership Proprietorship
 Tax ID or Social Security Number: _____ Year Established: _____
 Tax Status: Taxable Exempt **If exempt, please provide a copy of exempt certificate**

PRINCIPAL OWNERS AND OFFICERS:

| NAME | TITLE | ADDRESS | PHONE |
|------|-------|---------|-------|
| | | | |
| | | | |

TRADE REFERENCES:

| Company Name | Account Number | Company Fax Number |
|--------------|----------------|--------------------|
| | | |
| | | |
| | | |

BANK REFERENCES:

Bank Name _____ Contact: _____
 Mailing Address: _____
 Phone Number: _____ Fax Number: _____
 Bank Account Number: _____
 Type of Account Checking Savings Other (please specify) _____

Statement of Accuracy and Permission to Verify

I hereby certify that the information contained herein is complete and accurate and that I am authorized to sign and represent the above named organization. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

LifeSource, Inc. has strict terms of 30 days, or prepay with credit card. All orders are invoiced on the day of shipment. All invoices are due and payable 30 days from shipping date. Past due balances are subject to a 1.5% late fee per month.

The undersigned agrees that if credit is granted by LifeSource, Inc., the undersigned will pay all invoices within the terms and conditions of sale outlined above, and agree to pay all cost of collections, including attorney fees, should such be necessary.

Authorized Signature

Title

Printed Name

Date

Name and Signature of Person Completing Form

Title and Date