



NHM Distribution
 625 W. Deer Valley Rd.
 #103-236
 Phoenix, AZ 85027
 Phone: 877-273-1172
 Fax: 602-492-9989

Credit Application

CREDIT APPLICATION INFORMATION

Company Name:			Contact Name:		
Tax ID #:			Accounts Payable Contact:		
Owner Name(s):			AP Phone:	AP Fax:	
Street Address:					
City:	State:	Zip:	Check One Below:		
Phone:	Fax:		Corporation <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	
Email Address:			LLC <input type="checkbox"/>	Other <input type="checkbox"/>	

ACCOUNT SPECIFICS

Desired Credit Limit*: \$	Owners Driver License #:
*If limit exceeds \$500, customer must complete this section.	Owner's SSN:
	Owner's Date of Birth:

CREDIT REFERENCES (At least two required)

Vendor Name:			Vendor Name:		
Phone:	Fax:		Phone:	Fax:	
Acct#	Contact:		Acct#	Contact:	
Street Address:			Street Address:		
City:	St:	Zip:	City:	St:	Zip:
Email Address:			Email Address:		
Vendor Name:			Vendor Name:		
Phone:	Fax:		Phone:	Fax:	
Acct#	Contact:		Acct#	Contact:	
Street Address:			Street Address:		
City:	St:	Zip:	City:	St:	Zip:
Email Address:			Email Address:		

BANK & FINANCE COMPANY REFERENCES

Bank:	Phone:	Fax:
Acct#:	Contact Name:	
Street:	City:	State: Zip:

In the event of DEFAULT in payment, the undersigned agrees to pay all costs of collection, including but not limited to court costs and attorney's fees. All late payments are subject to a 1.5% monthly finance charge on past due amounts. Buyer understands and agrees that all sales and other transactions between Buyer and Natural Health Marketing LLC (NHM) shall be governed by the laws of the state of Arizona. Buyer expressly consents to the jurisdiction of Arizona courts. Buyer also agrees to authorize their bank and any listed credit references to release information to NHM, for purposes of establishing payment terms of Net Terms. Buyer also acknowledges they hold a valid State Re-Sales certificate.

SIGNATURE OF APPLICANT

PRINT NAME

DATE

If you are reselling our products, please attach a copy of your States Sales Tax/Resale Certificate when returning the Credit Application. Fax back to NHM Distribution at 602-492-9989, or mail to address at top right of page.



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Release of Information

I request and authorize the Bank and Credit References I have provided on the NHM Distribution Credit Application to release any credit information for purposes of establishing net 30 payment terms.

<i>Credit Application Applicant</i>		
Company Name:		
Tax ID #:		
Owner Name(s):		
Street Address:		
City:	State:	Zip:
Phone:	Fax:	
Email Address:		

Signature of Applicant

Print Applicant's Name

Date