

**A – CREDIT CARD INFORMATION:** (TO BE COMPLETED ONLY BY CUSTOMERS UTILIZING CREDIT CARD FOR PAYMENT).

NAME ON CARD:

CARD NUMBER:  EXPIRY DATE:

TYPE OF CARD:

**I hereby authorized Natures Formulae Health Products Ltd. to charge my credit card according to the terms of the sale prior to shipment of the product.**

Signed by: \_\_\_\_\_ Dated: \_\_\_\_\_

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**B – CREDIT APPLICATION:** (TO BE COMPLETED BY CUSTOMERS APPLYING FOR CREDIT)

NAME OF BANK:

ADDRESS:

TELEPHONE:  FAX:

CONTACT NAME:  ACCOUNT #:

**TRADE REFERENCES\*:**

**1. PRINCIPAL SUPPLIER:**

ADDRESS:

TELEPHONE #:  FAX #:

CONTACT NAME:

  

**2. PRINCIPAL SUPPLIER:**

ADDRESS:

TELEPHONE #:  FAX #:

**CONTACT NAME:**

**3. PRINCIPAL SUPPLIER:**

**ADDRESS:**

**TELEPHONE #:**

**FAX #:**

**CONTACT NAME:**

**FINANCIAL STATEMENTS**

**YES/NO**

**CREDIT LIMIT REQUESTED:**

**AVAILABLE?:**

**\*Known companies who do NOT give credit references: All Financial Institutions, Abbott, Apotex, Boiron, Christmas Natural Foods, Coca Cola, Flora, GlaxoKlineSmith, Kraft Canada, McKensson Canada, Merik Frosst, Nabisco Ltd., Natural Factors, Schering Canada Inc., Swiss Herbal Remedies**

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## C – TERMS AND CONDITIONS:

### THE CUSTOMER UNDERSTANDS AND AGREES TO THE FOLLOWING TERMS AND CONDITIONS.

- 1) All accounts are due and payable according to the terms stated on each invoice.
- 2) Customers not applying for credit must make payment in full before products or services are delivered.
- 3) Credit Terms are net 30 days.
- 4) Credit Card payments will not be accepted for Credit Accounts.
- 5) Interest will be charged on past due accounts at the rate of 1.5% per month or 18% per annum.
- 6) NSF cheques will be subject to a \$25.00 charge.
- 7) Failure to comply with these terms and conditions may result in cancellation of credit privileges and services without further notice.
- 8) Customer agrees to bear all costs incurred in collecting any unpaid amounts including but not limited to collection agencies, legal fees and court costs.
- 9) The customer consents to the obtaining of credit and/or personal information as may be required in connection with the credit hereby applied for or any renewal or extension thereof and to the disclosure of any trade information concerning the customer to any credit reporting agency or to any person with whom the customer has or proposes to have financial relations.
- 10) Any errors or omissions on invoices must be brought to the attention of Natures Formulae within 10 days of receipt of goods.
- 11) The information given in this Agreement is warranted to be true and correct.
- 12) This agreement must be signed by an authorized signing officer of the company.

Please complete this form, print it off, sign and deliver to Natures Formulae Health Products Ltd.  
Fax #: (250)717-5771 or email to: [shawna@naturesformulae.com](mailto:shawna@naturesformulae.com)

Name of Business:

Signed by: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name:

Title:

#### OFFICE USE ONLY

Approved by: \_\_\_\_\_ Account Manager \_\_\_\_\_

Comments \_\_\_\_\_ Date \_\_\_\_\_