

CREDIT TERMS AND POLICIES

CREDIT APPLICATION: Our policy requires new customers requesting credit to submit a credit application. Please complete the following form, providing all required information. Incomplete applications will delay processing of pending orders.

CREDIT TERMS: Credit terms are effective from the date of shipment. The date a payment is due is based on the date of shipment and is not based on the date of receipt of invoice or merchandise.

MAINTENANCE OF CREDIT PRIVILEGES: Continuation of credit privileges is dependent upon maintaining the account in satisfactory condition. We reserve the right to suspend credit privileges of customers whose accounts are not maintained on a current basis. All past due accounts are subject to a service charge of one and one-half percent ($1\frac{1}{2}$ %) per month on the past due balance.

REMITTANCE ADDRESS: Mail all payments to Botanical Origins, LLC. at the remittance address shown below. Please write the invoice number on the check to insure payment is credited properly.

DISPUTED INVOICE: Customers who have a dispute regarding the amount invoiced should mail payment of the undisputed portion and provide an explanation of the disputed amount.

CT SALES TAX: If you are receiving shipments in the state of Connecticut, please fill out the blanket tax exemption form. If we do not have a completed form on file, we are required by law to collect CT state sales tax.

PAST DUE INVOICES: We reserve the right to charge the past due amount on the credit card we have on file for invoices which are more than 90 days old. Please fill out the credit card authorization form, filling in all required information.



Credit Application Form Fed Tax ID: 20-4838033

BILLING/SHIPPING INFORMATION					
Company Name:					
Check One: 🛛 Corporation 🔲 Partnership 🖵 Proprietorship					
Subsidiary of	Subsidiary of or Division of				
Bill To Address:					
Address:					
		Zip:			
Phone:	Fax:	E-Mail:			
Ship To Address:					
Address:					
City:	State:	Zip:			
Phone:	Fax:	E-Mail:			
BUSINESS INFORMATION					
Years Established:	Type of Business:				
Net Worth:	D&B #:				
Annual Sales:					
President/CEO:	Tr	easurer/Controller:			
VP/Finance:	A	/P Manager:			
Amount of Credit Applied For:	· · · · · · · · · · · · · · · · · · ·				



BANK INFORMATION

Bank Name:	 	
Contact Name:	 	
Bank Address:	 	
Account No		
Bank Phone:	 _	
Bank Fax:	 -	
Bank Email:		

CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

Attention Bank References: Please provide information on all accounts listed as well as any loan information. You will be serving our interest best if you provide the information over the phone. Thank you.

I/We hereby authorize you, to whom this application is made, to investigate my/our credit worthiness. I/We will provide financial statements, tax returns etc., as deemed necessary.

Name:

Title: _____

Signature: _____



TRADE REFERENCE A

Company Name:				
Contact Name:		Title:		
Address:				
City:				
Phone:		Fax:		
Email:				
Trade Reference Name:				
Contact Name:		Title:		
Address:				
City:	State:		Zip:	
Phone:		Fax:		
Email:				

CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

Attention Trade References: Please provide information on all accounts listed as well as any loan information. Thank you.

I/We hereby authorize you, to whom this application is made, to research my/our credit worthiness. I/We will provide financial statements, tax returns etc., as deemed necessary.

Name:	
-------	--

Title: _____

Signature: _____



TRADE REFERENCE B

Company Name:				
Contact Name:				
Address:				
City:	State:		Zip:	
Phone:		Fax:		· · · · · · · · · · · · · · · · · · ·
Email:				
Trade Reference Name:				
Contact Name:		Title:		
Address:				
City:				
Phone:		Fax:		·····
Email:				

CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

Attention Trade References: Please provide information on all accounts listed as well as any loan information. Thank you.

I/We hereby authorize you, to whom this application is made, to research my/our credit worthiness. I/We will provide financial statements, tax returns etc., as deemed necessary.

Name: _____

Title: _____

Signature: _____



TRADE REFERENCE C

Company Name:				
Contact Name:				
Address:				
City:				
Phone:		Fax:		
Email:				
Trade Reference Name:				
Contact Name:		Title:		
Address:				
City:	State:		Zip:	
Phone:		Fax:		
Email:				

CUSTOMER'S AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION

Attention Trade References: Please provide information on all accounts listed as well as any loan information. Thank you.

I/We hereby authorize you, to whom this application is made, to research my/our credit worthiness. I/We will provide financial statements, tax returns etc., as deemed necessary.

Name:

Title: _____

Signature: _____



Blanket Tax Exemption Certificate

Co	mpany Nam	ne:			
Ad	dress:				
Cit	y:		State:	Zip:	
Ph	one:	··············			
			Date:		
	Taxable Exempt:	Tax ID #:		State:	_
		y that all tangible for the following		om Botanical Origins, LLC is or	
	 Resale as tangible personal property To be incorporated as a material or other tangible property to be produced for sale by manufacturing, assembling or processing. 				

Other
Please Explain: ______

Please Email or Fax This Credit Application Email: info@botanicalorigins.com Fax: (203) 702-2501