

CREDIT APPLICATION

Company Information

Bill To: _____ _____ _____	Ship To: _____ _____ _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

Type of business: _____ Years in business: _____

Business Description: Corporation Partnership Sole Proprietorship

Owners or Principals:

Name: _____	Title: _____
Name: _____	Title: _____

Accounts Payable Contact: _____	Phone: _____	Fax: _____	
E-mail address: _____			
Buyer/Purchasing Manager: _____	Phone: _____	Fax: _____	
E-mail address: _____			

Invoice Transmission/Contact: _____
Mode of Invoice Submission (Check Preference and enter information):

FAX: _____ Email: _____ Mail: _____
Other: _____

Federal ID #: _____	Home State Resale Certificate #:	_____
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Do you have a resale or tax exempt certificate? Yes No
If yes, for which states does your company have a sales tax exemption?

Please attach sales tax exemption form(s) to this application.

CREDIT REFERENCES: Minimum of three major vendor references.

Firm: _____	Contact: _____
Address: _____	Telephone: _____
_____	Fax: _____

Firm: _____	Contact: _____
Address: _____	Telephone: _____
_____	Fax: _____

Firm: _____	Contact: _____
Address: _____	Telephone: _____
_____	Fax: _____

COMMERCIAL BANKING INFORMATION:

Bank: _____	Contact: _____
Account #: _____	Telephone: _____
Type of Account: _____	Fax: _____

Our terms are NET 30 days. Any invoices not paid within the terms will be considered "PAST DUE" and a possible "Credit Hold" may be placed on your account.

We certify that all of the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit. Applicant authorizes Therapak, LLC to obtain credit and financial information concerning the applicant at any time from any source. I hereby agree for the above banks to release the necessary information to Therapak, LLC.

Signed by: _____
Name & Title: _____
Date Signed: _____

Please mail, fax or e-mail your completed credit application to:

Therapak, LLC
651 Wharton Drive
Claremont, CA 91711
USA
Fax: (909) 267-2001
Orders@therapak.com

For Company Use:
Customer Type: _____
Therapak Contact: _____