



National Allergy Supply, Inc.
Commercial Sales Division
1620-D Satellite Boulevard
Duluth, Georgia 30097
TEL 877.627.8775
FAX 770.495.3374

CREDIT APPLICATION

ALL INFORMATION MUST BE COMPLETED

Company Name: _____

Mailing Address: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX: _____

E-Mail: _____

Contact Person: _____

Does your company use Purchase Orders? Yes No

Please check one of the following: Corporation Partnership Sole Proprietorship LLC

Federal I.D. Number: _____ Number of Years in Business: _____

Sales Tax Exempt? Yes No

Sales Tax Exempt or Resale Number: _____

Amount of Credit Requested: \$1,000 \$2,500 \$5,000 Over \$5,000

Accounts Payable Phone No. and Contact Name: _____

Accounts Payable FAX Number: _____

BANKING INFORMATION

Name of Bank: _____

Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____

FAX Number: _____

Account Number: _____

TRADE REFERENCES

Name: _____

Address_ _____

City: _____ State: _____ Zip _____

Contact Person: _____ Telephone: _____

FAX Number: _____

Account Number: _____

Name: _____

Address_ _____

City: _____ State: _____ Zip _____

Contact Person: _____ Telephone: _____

FAX Number: _____

Account Number: _____

Name: _____

Address_ _____

City: _____ State: _____ Zip _____

Contact Person: _____ Telephone: _____

FAX Number: _____

Account Number: _____

AGREEMENT

We (I) authorize any information concerning my/our bank accounts to be disclosed to National Allergy Supply, Inc. for credit purposes.

We (I) understand if granted charge privileges, the terms are Invoices Due Net 30 Days and all shipments are F.O.B., Duluth, GA.

We (I) agree to pay all delinquency and collection charges, plus reasonable attorney's fees and court costs if my account becomes delinquent.

We (I) understand that all returns must be authorized. If returns are made for reasons other than product failure or defective merchandise, a 15% restocking fee may apply.

We (I) have read and agree to the terms and conditions as stated in this application.

DATE AUTHORIZED SIGNATURE

PLEASE PRINT NAME AND TITLE

INSTRUCTIONS FOR THE “LETTER SHEET” ON NEXT PAGE

In order to provide better security for their customers, banks now require a written request, signed by a signatory on the account, to release credit inquiry information. To make that process easier for you we have designed a letter that has the required information that we need you to provide.

Please photocopy the following form letter **on your company letterhead** and fill in all of the blanks spaces.

Then FAX the form back to us, along with the other 2 pages of the credit request.

Send your FAX to the attention of Commercial Division at 770-495-3374.

If you have any questions, please contact NAS Commercial Division at 1-877-627-8775 (toll free).

Date: _____

To: _____

(Name of Financial Institution)

(Address of Financial Institution)

(Address of Financial Institution)

(Address of Financial Institution)

I hereby authorize you to provide a credit reference on my account to National Allergy Supply, Inc.

My Account Number Is: _____

My Federal Tax ID Number Is: _____

Sincerely,

(Signature on Account)

(Print Name & Title of Individual Signing Above)