



ACCOUNT TYPE: (SPECIFY) C.O.D. CREDIT CARD NET 30 OTHER (SPECIFY) _____

CUSTOMER TYPE: RETAILER _____ WHOLESALER _____ MANUFACTURER _____ EXPORTER _____ OTHER : (SPECIFY) _____

CUSTOMER NAME _____ INDIVIDUAL _____ PARTNERSHIP _____ CORP _____

PHONE # _____ FAX # _____

BILLING ADDRESS _____, CITY _____ ST _____ ZIP _____

PRIMARY SHIPPING ADDRESS: _____

CITY _____ ST _____ ZIP _____ E-MAIL ADDRESS: _____

OWNERS: (FOR CORPORATION, NAME OF THE PRESIDENT & SECRETARY, FOR PARTNERSHIPS, NAME OF ALL GENERAL PARTNERS)

FULL NAME _____ HOME ADDRESS _____

SOCIAL SECURITY # _____

FULL NAME _____ HOME ADDRESS _____

SOCIAL SECURITY # _____

FEDERAL ID # _____ RESALE TAX # & STATE _____

HOW LONG IN BUSINESS UNDER THIS NAME AND OWNERSHIP? _____ PRIMARY LINE OF BUSINESS: _____

DO YOU USE PO'S? YES _____ NO _____ WE WILL ORDER VIA: FAX _____ EMAIL _____ PHONE _____ INTERNET _____ WILL-CALL _____

EMPLOYEES AUTHORIZED TO ORDER: (PRIMARY) _____ (SECONDARY) _____

NAME OF PERSON RESPONSIBLE FOR PAYABLES: _____ PHONE/EXT. # _____

TRADE REFERENCES

NAME _____ PHONE # _____ ACCOUNT # _____

NAME _____ PHONE # _____ ACCOUNT # _____

NAME _____ PHONE # _____ ACCOUNT # _____

BANK INFORMATION & AUTHORIZATION (NOT NEEDED IF ACCOUNT TYPE IS C.O.D. CERTIFIED FUNDS OR CREDIT CARD)

PRIMARY BANK _____ ADDRESS _____

PHONE _____ ACCOUNT # _____ HOW LONG ? _____

AUTHORIZATION TO RELEASE BANKING INFORMATION

TO: (NAME OF BANK) _____, CITY _____ ST _____

You are hereby authorized to release information on all our accounts maintained at your bank to HLF DISTRIBUTING, INC. Such information should include average 12 month balance, activity, NSF history, and overall account status.

DATE: _____

(Authorized Signature)

I (we) authorize HLF DISTRIBUTING, INC. to conduct a credit investigation of my (our) business and the owners. I (we) certify that the above information is correct and personally guaranty to pay all invoices in the event that my (our) business fails to do so in accordance with the stated terms of such invoices. I (we) understand that all past due balances will be subject to a late fee of 1-1/2 (one and one-half) percent per month.

(signature of owner or authorized officer)

(signature of co-owner)

NAME: _____

NAME: _____