

Please fill out this form on your computer and print it and sign it and fax it to us



**HEALTHLINE TRADING INC.
67 35TH STREET
BROOKLYN, NY 11232
TEL# (718) 946-9225 FAX# (718) 946-6727**

CREDIT APPLICATION FORM

NAME/ADDRESS

Last:

First:

Title:

Name of Business:

Tax ID#

Address:

City:

State:

Zip:

Email:

Phone:

Fax:

COMPANY INFORMATION

Type of Business and Legal Form:

In Business Since:

Name of Company Principal/Partner Responsible for Business Transactions:

Address:

City:

State:

Zip:

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Number of Employees _____ Estimated Annual sales \$ _____

OTHER BUSINESS DEBTS

Name	Address	Balance Due
_____	_____	_____

Person To Contact About Account: _____

Type Of Credit Agreement: _____

GENERAL CONDITIONS OF SALE

1. The undersigned certifies that the information is correct, and that it is submitted for the purpose of obtaining credit, and agrees to all the following terms and conditions of sale of the company to whom it is submitted.
2. **Payment Terms:** Net 30 days from date of invoice.
Past due = 1.5% per month (18% annual rate)
3. Should it become necessary to place this account for collections, suit or other legal action, including attorneys fees and, if necessary, appellate fee.

Name	Title
_____	_____

Name	Title
_____	_____

PERSONAL GUARANTEE

The undersigned, _____, of the above reference firm, does hereby, for valuable consideration and the extension of credit to the above set forth firm, personally guarantee payment of any and all monies to Healthline Trading, LLC.

Signature	Printed Name	Title	Date
_____	_____	_____	_____

Signature	Printed Name	Title	Date
_____	_____	_____	_____

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BANK REFERENCES

Institution Name: **Checking Acc#** **Phone:**

Institution Name: **Checking Acc#** **Phone:**

TRADE REFERENCES

Company Name: **Contact Name:** **Phone:** **Fax:**

Company Name: **Contact Name:** **Phone:** **Fax:**

Company Name: **Contact Name:** **Phone:** **Fax:**

STATEMENT OF ACCURACY AND PERMISSION TO VERIFY

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions and businesses listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Printed Name

Title

Date

Please send or fax this Credit Application form to us at:



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