

A DDI TCANT.

CUSTOMER CREDIT APPLICATION

Firm Name:			Phone#:	
Firm Name: Ownership: Corp Mailing Address:	Partnership	Sole Ownership	Fax#:	
Mailing Address:	1	- 1—		
City:		State:		Zip code:
Shipping Address:				
City:		State:		Zip code:
Type of business:		DBA?		
Emergency Contact:	Phone# :		Email:	
RESPONSIBLE PARTIES				
Name:	Title:	Home Addr:		
Name:				
Year Business Established:	# Years at p	resent location:	Authorize	d Buyers:
AP contact: Amount of Credit: \$	AP pho	ne#:	AP email:	
Amount of Credit [•] \$	Resale#:		_for State of:	Fed Tax #:
TRADE REFERENCES: (I	Provide names of suppl	liers of major produc Name:	ts or services and in	clude their fax numbers.)
TRADE REFERENCES: (1 Name:	Provide names of suppl	liers of major produc Name: Address: Phone: Contact P	ts or services and in	clude their fax numbers.)
TRADE REFERENCES: (1 Name: Address: Phone: Contact Person: Name:	Provide names of suppl	liers of major produc Name: Address: Phone: Contact P Name:	ts or services and in	clude their fax numbers.)
TRADE REFERENCES: (1 Name: Address: Phone: Contact Person: Name:	Provide names of suppl	liers of major produc Name: Address: Phone: Contact P Name: Address:	ts or services and in	clude their fax numbers.)
TRADE REFERENCES: (1 Name: Address: Phone: Contact Person: Name: Address:	Provide names of suppl	liers of major produc Name: Address: Phone: Contact P Name: Address:	ts or services and in	clude their fax numbers.) _ Fax:
TRADE REFERENCES: (I Name: Address: Phone: Contact Person: Name: Address: Phone: Contact Person: Image: Address: Image: Contact Person: Image: Im	Provide names of suppl Fax: Fax:	liers of major produc Name: Address: Phone: Contact P Name: Address: Address: Phone: Contact Pe	ts or services and in	clude their fax numbers.) _ Fax: Fax:
TRADE REFERENCES: (I Name: Address: Phone: Contact Person: Name: Address: Phone: Contact Person: Phone: Contact Person:	Provide names of suppl Fax: Fax:	liers of major produc Name: Address: Phone: Contact P Name: Address: Address: Phone: Contact Pe	ts or services and in	clude their fax numbers.) _ Fax: Fax:
TRADE REFERENCES: (I Name: Address: Phone: Contact Person: Name: Address: Phone: Contact Person: Phone: Bank REFERENCE:	Provide names of suppl Fax: Fax:	liers of major produc Name:	erson:	clude their fax numbers.) _ Fax: Fax:
TRADE REFERENCES: (I Name: Address: Phone: Contact Person: Name: Address: Phone: Contact Person: Bank REFERENCE: Name:	Provide names of suppl Fax: Fax:	liers of major produc Name: Address: Phone: Contact P Name: Address: Phone: Contact Pe	ts or services and in erson: erson: Phone: Fax:	clude their fax numbers.) _ Fax: Fax:

The undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit and bank references above.

In my capacity as Officer or Director of _______, the Company agrees to comply with the payment terms of Stauber Performance Ingredients, Inc. dba STAUBER California and Pharmline, Inc. dba STAUBER New York, herein referred to as "Stauber/Pharmline". Should this account ever become delinquent and it becomes necessary to employ a collection agency or an attorney to collect or commence suit to enforce payment, the Company agrees to reimburse the Stauber/Pharmline for reasonable additional sums directly related to collection or commencement of suit to enforce payment such as, collection fees, costs of such suit, plus principle and interest payable in lawful money of the United States.

President/ Officer/ Director (Signature)

Print Name and Title

Date

Rev. 062413