



100 Elm Street  
Warren, RI 02806  
p: 401-337-5544

# Business Credit Application

## Name/Address

Last:	First:	Middle Initial:	Title:	
Name of Business:			Tax I.D. Number:	
Address:				
City:	State:	ZIP:	Phone:	Email:

## Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
State/Province/Country:	Corporation, Partnership, Proprietorship, Other, explain:
Amount of Credit Requested:	Have you or your officers or affiliates ever filed a petition for Bankruptcy: Yes No
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:

## Bank References

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Loan Acct. #:	Loan Balance:
Address:	Address:	Address:	
City:	City:	City:	
State: Zip:	State: Zip:	State: Zip:	
Contact Name:	Contact Name:	Contact Name:	
Phone: Email:	Phone: Email:	Phone: Email:	

## Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
City:	City:	City:
State: Zip:	State: Zip:	State: Zip:
Phone:	Phone:	Phone:
Email:	Email:	Email:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

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 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. In the event of a default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not satisfied. Extension of credit will be granted based on the sole discretion of Naturals Brands, Inc.

Signature

Date

**Personal Guarantee**

This guarantee is given by the undersigned to Naturals Brands, Inc., in order to induce and extend credit to, self goods to, or otherwise become the creditor of, the Applicant.

I hereby guaranteed to Naturals Brands, Inc., the prompt payment, in accordance with the terms of credit, of every claim of Naturals Brands, Inc., including claims relating to goods sold, open accounts stated, against the Applicant. This is a continuing guarantee and shall remain in force until revoked by the written consent of Naturals Brands, Inc. This obligation shall cover the renewal of any claims guaranteed by those affected by any surrender or release by the seller of any security held by it for any claim hereby guaranteed.

The undersigned additionally guarantees the payment of interest at the maximum lawful rate on all monies outstanding to Naturals Brands, Inc., by the Applicant, together with costs and reasonable attorney fees whether suit is brought or undersigned hereby submits himself/herself to the jurisdiction of the courts of Rhode Island.

In the event suit is brought in connection with any claim by Naturals Brands, Inc. regarding the guarantee of payment, and agrees that venue shall be in the county where Naturals Brands, Inc. has its principal place of business. It is understood and agreed by the undersigned that this personal guarantee shall remain in full force and effect regardless of whether the Applicant becomes insolvent or is otherwise dissolved.

In witness whereof, I have signed, and delivered this guarantee for the purposes set forth above on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Sign Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_