



an Allied 100 Company

CREDIT APPLICATION

Company Name _____ Legal Name (if different) _____ Phone Number _____ Fax Number _____

Billing Address _____ Shipping Address _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Contact Person _____ Title _____ Phone Number _____ D&B Number (if available) _____ FEIN (if available) _____

Type: Proprietorship Partnership Corporation Years Under Present Ownership: _____

Number of locations: _____ If multiple, please attach list. Non-Profit Organization: Yes No

Please describe your business: _____

SUPPLIER REFERENCES (Minimum Three)

Supplier Name _____ Fax Number _____ Account Number _____ Contact _____ Email* _____

Supplier Name _____ Fax Number _____ Account Number _____ Contact _____ Email* _____

Supplier Name _____ Fax Number _____ Account Number _____ Contact _____ Email* _____

If located in Wisconsin and not subject to sales tax, please include your resale or exemption certificate. Late payments may result in loss of discount pricing. Valid purchase orders are required for shipment. You agree to pay all invoices Net 30 days. Invoices unpaid thirty one days after invoice date shall be subject to a finance charge of 1.5% per month. You hereby certify that all information provided is true.

Signature* _____ Print Name _____ Title _____ Date _____

PLEASE FAX TO 888.364.2377

Approval may take up to 2 weeks, depending on your supplier's response times

Allied 100, LLC • 1800 US Hwy 51 N • Woodruff, WI 54568
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* Required