



Eagle Health Supplies, Inc.

535 W Walnut Ave, Orange, CA 92868 • Tel: (714) 532-1777 • Fax: (714) 532-9777

Credit Application

Revised 11/18/08

IMPORTANT! PLEASE READ: You are responsible to notify us immediately of any changes. When applying for credit, we have the right to use every source available to verify your credit. If you have an all-ready printed credit application/reference form please sign/date below and attach. If not, please fill in all blanks. A copy of your Seller's Permit or Business License must also be provided. **Incomplete applications may be delayed or denied.**

Company Name: _____

DBA/AKA/PARENT COMPANIES please attach information

Billing/P.O. Box: _____ Tel#: _____

City: _____ 800#: _____

State: _____ Zip Code: _____ Fax#: _____

Please attach shipping addresses or chain store list (if applicable)

Year Business Established: _____ Federal Tax ID#: _____ Contact: _____

Check one: Ownership _____ Individual _____ Partnership _____ Corporation _____

Bank:

Bank Name: _____ Tel#: _____ Fax#: _____

Address: _____ Contact: _____ Acct#: _____

Credit References: (use separate sheet for additional references)

1. Name: _____ Tel#: _____ Fax#: _____

Address: _____ Contact: _____ Acct#: _____

2. Name: _____ Tel#: _____ Fax#: _____

Address: _____ Contact: _____ Acct#: _____

3. Name: _____ Tel#: _____ Fax#: _____

Address: _____ Contact: _____ Acct#: _____

Terms of agreement:

- Minimum order is \$100. If order is less than required minimum or if a case is broken, a \$5 handling fee will be added to your order.
- Monthly specials must meet the case quantity requirement in order to receive the sale price. No exceptions!
- Prices, product(s), and/or quantities are subject to change without notice.
- If approved for credit, your terms are Net 30 Days from the ship date. We reserve the right to revise your terms based on payment history without notice.
- If sent to collections, you are responsible for any fees incurred plus interest.

If your bill is not paid by the 45th day after invoice, the credit card on file will be billed. We accept VISA or Mastercard only.

Credit Card#: _____ Expiration Date: _____ CVV/CVC Code: _____

THE UNDERSIGNED AS REPRESENTATIVE OF THE COMPANY HAS READ AND FULLY UNDERSTANDS THE ABOVE STATED TERMS AND AGREES TO COMPLY WITH THEM. FAILURE TO COMPLY WITH THE AGREED TERMS WILL BE SUBJECT TO REVISING OR REMOVING YOUR TERMS WITHOUT NOTICE.

Signature: _____ Print: _____

Title: _____ Date: _____

For office use only:

Cust ID: _____ Terms: _____ Cr limit: _____ Approved by: _____