



**GOLDEN FLOWER  
CHINESE HERBS**

2724 Vassar Place NE  
Albuquerque, NM 87107  
**1-800-729-8509**  
**1-866-298-7541 fax**

# Credit Application

Dear Customer:

We wish to thank you for your business. Our mission is to support you with excellent service and the highest quality products possible.

Thank you for applying for terms of credit. This is a privilege that we grant to customers for their convenience. Customers with a net 30 terms account are required to remit payment within 30 days from the date your order was shipped. We know that everyone gets busy and occasionally a payment may be overlooked. Twice a month, (1<sup>st</sup> and 15<sup>th</sup>) a past due statement is sent to all customers who have not paid within the Net 30 terms. Golden Flower Chinese Herbs is committed to saving the earth's resources. Please help us prevent the unnecessary use of paper by paying your account in a timely manner.

If your account is habitually past due, Golden Flower Chinese Herbs reserves the right to terminate your Net 30 terms, place your account on hold and revert back to credit card terms. Accounts that are 45 days past due will be turned over to a Third Party and a \$25.00 collection fee will be added for which you will be responsible.

Please sign and return the Terms of Credit statement and credit application by fax or mail, and keep a copy for yourself. Our contact information is at the top of the page. Thank you!

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## Terms of Credit Statement

I agree to the terms of credit outlined in the above letter, and realize that Net 30 terms with Golden Flower Chinese Herbs is a privilege for my convenience. (Account will not be granted Net 30 terms until the **Credit Reference Release Form, Credit Application and this signed statement** is returned to Golden Flower Chinese Herbs for verification.)

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

(Credit applications are valid for 30 days when received.)

## Credit Application

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

Title: \_\_\_\_\_ Business License #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Person(s) responsible for payment:

Type of business (check one): \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Number of years in business: \_\_\_\_\_

Trade References **(please exclude personal information such as bank and utilities)**

### Reference #1:

Contact name and **Account#**: **(Required)** \_\_\_\_\_

Address:

City/State/Zip:

Telephone #:

Fax # **(Required)**:

### Reference #2:

Contact name and **Account#**: **(Required)** \_\_\_\_\_

Address:

City/State/Zip:

Telephone #:

Fax # **(Required)**:

### Reference #3:

Contact name and **Account#**: **(Required)** \_\_\_\_\_

Address:

City/State/Zip:

Telephone #:

Fax # (**Required**):

*The above information is herewith submitted for the purpose of opening an account and I so hereby certify this information to be true. A service charge of 1½% per month will be added to overdue accounts. I understand I am also liable for all legal and collection fees.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*All information is confidential and will be shared with no other companies.*



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**CREDIT REFERENCE RELEASE FORM**

I am trying to establish **NET 30** terms with **Golden Flower Chinese Herbs**. I hereby authorize to release my Account credit information to them.

*PRINT NAME:* \_\_\_\_\_

*AUTHORIZED SIGNATURE:* \_\_\_\_\_

*DATED:* \_\_\_\_\_