



## Credit Application

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

Company Name	Name of Principal	Title
Legal Business Name	Residence Street Address	
Business Street Address	City, State, Zip Code	
City, State, Zip Code	Residence Phone Number	FAX Number
Business Phone Number	FAX Number	Social Security Number
Email Address	Email Address	
Type of Ownership	Requested Credit Limit	Billing Contact
Title	Title	
Years in Business	Date Commenced	Years at this Address
Billing Contact Phone number	FAX Number	
Is Business Incorporated?    Yes    No    State _____    Year _____		
Have you, or any business in which you have been a principal, ever filed for protection under bankruptcy law?    Yes    No		
If yes, please provide:    State _____    Year _____		

The above statements are submitted for the purpose of obtaining credit and are believed to be true, complete and correct. I authorize the release of credit information from all credit reporting agencies that you contact.

APPLICANT SIGNATURE	BY (PRINT NAME)	DATE SIGNED
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**\*\*\*\*\* PLEASE RETURN YOUR APPLICATION VIA FAX TO 949-366-2859 \*\*\*\*\***

- Standard terms are COD Money Order, Credit Card or Net 30 (upon approval of a signed credit application). Metagenics, Inc. will also accept a Company check for COD orders, provided favorable credit information is obtained.
- Payment is required at time of receipt for COD orders and at time of order for Credit Card orders.
- Pricing discrepancies must be addressed within 15 days from date of shipment.
- Any shipping discrepancy must be reported within 48 hours from date of receipt.
- Returned checks will be subject to a \$25.00 service charge per check and must be replaced with a money order.
- Metagenics, Inc. reserves the right to withdraw/re-evaluate credit terms and/or credit limits at any time.