



ADJUVANTS UNLIMITED, LLC

APPLICATION FOR CREDIT

Page 1 of 2

BUSINESS INFORMATION

Primary AU Contact:		Estimated Monthly Purchase Account: \$ _____	
Company name ("Customer"):			
Phone:		E-mail:	
Company Address:			
Billing address (if different than above):			
How long at current address?		Date business commenced:	
Sole proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Limited Liability Company: <input type="checkbox"/>

ACCOUNTS PAYABLE INFORMATION

Default payment terms are Net 30 unless specifically stated other wise

Primary AP contact name:	
AP phone:	AP E-mail:

BANKING INFORMATION

Bank name:	
Bank address:	
Primary Contact:	Contact Email:
Type of account:	Account number:

BUSINESS/TRADE REFERENCES

Company name 1:		
Address:		
City:	State:	ZIP Code:
Contact Name:	E-mail:	
Company name 2:		
Address:		
City:	State:	ZIP Code:
Contact Name:	E-mail:	
Company name 3:		
Address:		
City:	State:	ZIP Code:
Contact Name:	E-mail:	

DELIVERY INFORMATION

DEL 1 (contact name and full address)
DEL 2 (contact name and full address)
ADDITIONAL DEL. INSTRUCTIONS:

SIGNATURE

I, ON BEHALF OF CUSTOMER, 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 INSTITUTION LISTED IN THIS APPLICATION TO RELEASE NECESSARY INFORMATION TO THE COMPANY FOR WHICH CREDIT IS BEING APPLIED FOR IN ORDER TO VERIFY THE INFORMATION CONTAINED HEREIN.

IF THIS APPLICATION IS ACCEPTED, I, ON BEHALF OF CUSTOMER, UNDERSTAND AND AGREE THAT FULL PAYMENT IS DUE ON UNDISPUTED AMOUNTS WITHIN 30 DAYS OF THE INVOICE, UNLESS OTHERWISE STATED ON THE INVOICE. ALL OVERDUE AMOUNTS OWED FROM CUSTOMER TO ADJUVANTS UNLIMITED, LLC ("AU") SHALL ACCRUE INTEREST FROM THE DUE DATE AT A RATE EQUAL TO THE LESSER OF ONE AND ONE-HALF PERCENT (1.5%) PER MONTH OR THE MAXIMUM RATE PERMITTED BY APPLICABLE LAW. IN ADDITION TO ALL OTHER RIGHTS AND REMEDIES OF AU SET FORTH HEREIN OR UNDER APPLICABLE LAW, IN THE EVENT THAT CUSTOMER FAILS TO MAKE ANY PAYMENT WHEN DUE, AU SHALL HAVE THE RIGHT (i) TO DECLINE TO MAKE ANY FURTHER DELIVERIES PURSUANT TO THE ORDER UNTIL ALL OUTSTANDING AMOUNTS (INCLUDING ALL INTEREST) ARE PAID BY CUSTOMER IN FULL, AND/OR (ii) TO OFFSET ANY AND ALL OUTSTANDING PAYMENT OBLIGATIONS OR OTHER INDEBTEDNESS OF CUSTOMER TO AU AGAINST ANY OUTSTANDING PAYMENT OBLIGATIONS OR OTHER INDEBTEDNESS THAT AU OR ANY OF ITS AFFILIATES MAY OWE CUSTOMER. CUSTOMER SHALL REIMBURSE AU ALL COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES, INCURRED BY AU IN THE COLLECTION OF ANY SUM PAYABLE BY CUSTOMER TO AU.

Signature_____

Title_____

Date_____

***IF TAX EXEMPT initial here, complete the AU exemption form and attach certificate. _____**



**P.O. Box 3066
Tulsa, OK 74101
918-583-1155 Phone
918-856-3661 Fax**

Please return this COMPLETED application and any additional information to accounting@au-iou.com for processing.

Thank you for your business!



ATTN: A/R
PHONE: 918-583-1155
FAX: 918-856-3661

SALES TAX CUSTOMER EXEMPTION

I hereby certify that the item(s) purchased from Adjuvants Unlimited, LLC are or are not exempt from sales tax for the following reason:

_____ Item(s) purchased will be resold, rented, or leased in the form that it was purchased or as an integral part of other tangible personal property.

_____ Item(s) purchased are used solely as part of the manufacturing process.

_____ Other: _____

*****Please include a copy of your certificate for each state or a multi-jurisdictional certificate including each state.**

_____ State _____ or _____
Sales Tax Registration Number Direct Pay Permit Number

_____ State _____ or _____
Sales Tax Registration Number Direct Pay Permit Number

_____ State _____ or _____
Sales Tax Registration Number Direct Pay Permit Number

_____ Item(s) are taxable, please charge sales tax.

Please sign and return as soon as possible to avoid sales tax charges.

Signature

Title

Date