



Fax Signed, Completed Application To:
Jeremy Wilson, Accounts Receivable
Fax: (415 945-1900 ext 223)

Due to the tightening of regulations in the divulging of credit information, banks are now requiring written authorization from their depositors for release of any information with regards to their account.

When you return your credit application, please sign this authorization for your bank and return it also.

Thank you.

I give my permission for the release of information about my account as required on the attached bank credit reference letter.

Signature:_____

Date:_____

Account Number:_____

EO® Products/Small World Trading Co.
Love Life. Live Clean.
15A Koch Road Corte Madera CA 94925
T: 415-945-1900 F: 415-945-1910



CREDIT APPLICATION

- This credit application is for net 30 terms unless otherwise discussed.
- Prepayment by check, Visa, MasterCard, or Discover Card must be received before an order is shipped, until credit terms have been established.
- Review of credit references begins upon receipt of completed credit application. We ask that insurance, electric, and phone companies, and other utilities not be included as trade references. Approval can take between 2-4 weeks, depending on response rates of references respond.
- To expedite this process, please provide for each reference: A contact name and your customer number. **Vendor's fax number must be provided.**

Estimated Avg. Purchase: \$ _____ Estimated Yearly Purchases: _____

Applicant's Legal Business Name: _____

Single Proprietorship ____ Partnership ____ Corporation ____ Phone # _____

Proprietor, Partners or Corporate Officers names: _____

Home Phone # _____ Business Address: _____

City/State/Zip: _____

Accounts Payable Contact: _____ Phone # _____

Continuously in Business Since: _____ Type of Business _____

State Resale Tax # _____ Corporate Federal Tax ID # _____ State Tax ID # _____

Bank Reference: _____ Account # _____

Address: _____

City/State/Zip: _____

Phone # _____ Fax # _____

If are paying by Visa/Mastercard/Discover Card and want to have your number on file check here _____

Credit Card # _____ Security Code _____ exp _____ Cardholder _____

Billing address for Credit Card _____

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VENDOR CREDIT REFERENCES FOR (business name) _____

Vendor: _____ **Account #** _____

Contact Name: _____

Address: _____ **Phone #** _____

City/State/Zip: _____ **Fax #** _____

Vendor: _____ **Account #** _____

Contact Name: _____

Address: _____ **Phone #** _____

City/State/Zip: _____ **Fax #** _____

Vendor: _____ **Account #** _____

Contact Name: _____

Address: _____ **Phone #** _____

City/State/Zip: _____ **Fax #** _____

Vendor: _____ **Account #** _____

Contact Name: _____

Address: _____ **Phone #** _____

City/State/Zip: _____ **Fax #** _____

I warrant that the above information is true and correct. My company & I authorize Small World Trading Company to make such credit investigation as SWTC sees fit including contacting our trade and bank references and obtaining credit reports. My company and I authorize all trade and bank references and credit reporting agencies to disclose to SWTC any and all information concerning the financial and credit history of my company. If credit is granted we promise to pay bills when rendered as per terms including any financial/service charges incurred. In the event payment is not made and our account is referred to a collection agency we will pay all costs of collection. If legal action is taken we will pay reasonable attorney's fees resulting from each action. In signing, I declare that I am authorized to obligate my company to the above conditions.

Signed: _____ **Title:** _____ **Date:** _____

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