

## Business Information

\* To expedite your account application, please provide a copy of your credentials.

Legal Business Name: \_\_\_\_\_ Main contact Name / title : \_\_\_\_\_ / \_\_\_\_\_

Trade (Store) Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City)

(Province/ Postal Code) \_\_\_\_\_ / \_\_\_\_\_ (Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_

## Credit & Bank Information

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Address: \_\_\_\_\_  
 \_\_\_\_\_ (City) \_\_\_\_\_ (Province/ Postal Code) \_\_\_\_\_ / \_\_\_\_\_

Account No. : \_\_\_\_\_ Phone: \_\_\_\_\_

## Credit Card Authorization

I / We authorize David Health International to charge my / our / company credit card to any outstanding debts of purchases that customer / applicant may make.

Credit Card No. : \_\_\_\_\_  VISA  MASTER  EX

Name on the Card: \_\_\_\_\_ Expire on (mm/yy): \_\_\_\_\_ / \_\_\_\_\_

Signature of applicant: \_\_\_\_\_ CVC/CVV: \_\_\_\_\_

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

## \* Applicant's agreement

I/We authorize David Health International to conduct any lawful investigation as may be required to gather the information necessary to approve credit terms for my/ our business/company. I / We agree to make payment in accordance with David Health International's term and authorize David Health International to charge my / our / company credit card to any outstanding debts of purchases. We may make. I/We have provided correct information above and have the authority to bind the business/company to this agreement. I/We agree to C.O.D. or PMT. IN ADV. terms for the orders until credit is approved.

I understand that data collected in this application will be stored in a database that David Health International may use in the future to provide me/us with online services. By providing an email address, I/we allow David Health International to a) send notices and advertisements in electronic form to my/our email and b) register me/us at the website, <http://www.davidwholesale.com>, in which I/we may receive latest news and will be able to place online orders.

\_\_\_\_\_ Email Address \_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Applicant's Name \_\_\_\_\_ Date

\* Interest at the rate of 2% per month is charged on all past due balances. In the event the account is delinquent and satisfactory arrangements have not been made for payment, all legal fees, attorney fees and collection will be assumed by the debtor.

<Office Use Only> Account No.: \_\_\_\_\_ Rep: \_\_\_\_\_