



455 Gees Mill Business Ct. NE
Conyers, GA 30013
Fax: 800-760-5550
Email: angela@newtonlabs.net

Wholesale Credit Application

Business Contact Information			
Business Name:			
Street Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
Store Owner:		Store Manager:	
Years in Business:		Resale #	

1. Provide copy of business license, tax permit or resale license if not on file.
2. Provide 4 vendors with whom you have open account terms (not COD or Credit Card.)
3. Include Fax# for A/R dept of Vendor References for faster response.

Business/Trade References			
Company Name:		Acct #:	
Address:			
City:		State:	Zip:
Contact Email Address:			
Phone:	Fax:	Contact:	
Company Name:		Acct #:	
Address:			
City:		State:	Zip:
Contact Email Address:			
Phone:	Fax:	Contact:	
Company Name:		Acct #:	
Address:			
City:		State:	Zip:
Contact Email Address:			
Phone:	Fax:	Contact:	
Company Name:		Acct #:	
Address:			
City:		State:	Zip:
Contact Email Address:			
Phone:	Fax:	Contact:	

Agreement (please initial)	
<input type="checkbox"/> All invoices are to be paid <u>within 30 days from the date of the invoice</u> , which is included with your order.	
<input type="checkbox"/> Preferred method of payment on accounts with credit terms is by check. A \$30.00 fee will be charged on all returned checks.	
<input type="checkbox"/> If a balance is paid by credit/debit card, account will automatically be reverted to a non-credit account and Net 30 terms will be canceled.	
<input type="checkbox"/> By submitting this application, you authorize Newton Laboratories, Inc. to make inquiries into the banking and business/trade references that you have supplied.	

Signature(s)	
Sign:	Sign:
Printed Name:	Printed Name:
Title:	Title:
Date:	Date:

Manufactured in America
Family-Owned ~ Veteran-Owned

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