



Address: 465 Tresca Road, Jacksonville, FL 32225
Web Site: www.zionrootsweat.com
E-Mail: orders@zionrootsweat.com

Orders: 1-877-262-7539
Office: 1-904-425-4411
Fax: 1-904-425-4433

NEW CUSTOMER APPLICATION

Date: _____

In order to accept your company's check, we must have all of the following information. Please fill out completely and legibly. Be sure to include fax numbers for trade references for quick processing of your application. Six references must be provided. Thank you for your cooperation.

Firm Name: _____
Mailing Address: _____
City, State, Zip: _____
Billing Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
E-Mail: _____

Type of Company:

Sole Proprietorship Partnership Corporation

Primary Nature of Business: _____
Estimated Monthly Purchases From Zion Rootsweat: _____
Years In Business: _____
Accounts Payable Contact: _____
Accounts Payable Phone Number: _____

BANK REFERENCE:

Firm Name: _____
Title: _____
Home Address: _____
City, State, Zip: _____
Home Phone: _____
Fax: _____
Bank Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Account #: _____

TRADE REFERENCE #1

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Account #: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Account #: _____

TRADE REFERENCE #2

TRADE REFERENCE #3

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Account #: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Account #: _____

TRADE REFERENCE #4

TRADE REFERENCE #5

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Account #: _____
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Account #: _____

TRADE REFERENCE #6

Authorization is hereby given by the signer of this credit application to release any and all credit information including bank information for the purpose of determining credit terms. I realize that I am personally responsible for checks issued to Zion Rootsweat. If I bounce a check, I will replace it with a bank check plus a \$35 processing charge and a 1.5% finance charge on all past due bills. I will also be held responsible for past due bills owed to Zion Rootsweat and any fees incurred in the collection of past due bills. (Faxed signature considered binding and same as original.)

Authorized Signature: _____

Title: _____

Date: _____