

SAV-A-LIFE INDUSTRIES, LTD

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DISTRIBUTOR APPLICATION INFORMATION**BUSINESS INFORMATION****BUSINESS DESCRIPTION**

NAME OF BUSINESS		NO. OF EMPLOYEES	IN BUSINESS SINCE	CREDIT REQUESTED
LEGAL NAME (IF DIFFERENT)		WHAT DOES BUSINESS DO?		
ADDRESS		BUSINESS ORGANIZATION:		
CITY		<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> DIVISION/SUBSIDIARY		
STATE	ZIP	PHONE	PARENT COMPANY _____ IN BUSINESS FOR _____	

INDIVIDUALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

NAME	TITLE	ADDRESS	TELEPHONE

BANK REFERENCES

NAME OF BANK	NAME TO CONTACT
BRANCH	ADDRESS
CHECKING ACCOUNT NO.	TELEPHONE NUMBER

TRADE REFERENCES

FIRM NAME	CONTACT NAME	TELEPHONE	ACCOUNT SINCE

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by the Company in determining the amount and conditions of credit to be extended. I understand that the Company may also contact other sources of credit information which it considers necessary in making this determination. I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist the Company in establishing a line of credit.

*Signature*_____
*Title*_____
Date

POLICY STATEMENT: INITIAL ORDERS FROM NEW ACCOUNTS WILL NOT BE PROCESSED
UNLESS ACCOMPANIED BY THE ABOVE REQUESTED INFORMATION.