



GOLDEN GOURMET POLLEN, LLC.
Fennel Pollen - A Spice Less Ordinary

CREDIT/INFORMATION FORM

The following information will help us to determine your qualifications for Net 30 Credit Terms for Golden Gourmet Pollen, LLC products. This information will be held in strict confidence and will not be revealed to any third parties.

Company Name: _____

Federal EIN Number: _____

Contact (s): _____

Billing Address: _____

City: _____ State _____ Zip _____

Shipping Address: _____

City: _____ State _____ Zip _____

Office Number: _____ Fax: _____

Email for Accounts Payable to receive invoices _____

Accounts Payable Contact: _____ Phone: _____

Years in business: _____ # Employees: _____

Additional Information needed:

DNB Number: _____

Credit Limit Requested _____



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The undersigned on behalf of the Company does hereby certify that the information given is correct and complete. If after reviewing all credit information and distributor qualification is approved, it is agreed and understood by the Company and Golden Gourmet Pollen, LLC that all purchases will be paid in full within agreement terms, unless prior written approval is obtained from Golden Gourmet Pollen, LLC. Any open invoice remaining unpaid after 30 days will be subject to a finance charge of 1½ % monthly and any and all collections fees that are incurred.

COMPANY agrees to assume the full responsibility of charge purchases made on the account by any of COMPANY'S employees or agents.

Vendor Credit Check Authorization: The below authorized signature gives authorization to the vendors listed below or vendors listed on the companies letterhead as credit references, to release credit information to Golden Gourmet Pollen, LLC

The signatures below constitute a full understanding and agreement to the above terms.

AUTHORIZED SIGNATURE: Company: _____

Print Name	Signature	Date
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Note: Fill out the below information or Attach credit history letter with authorized signature to acquire information from 3 vendor references and bank. Please include vendor account number, contact name, address, office and fax numbers.

Vendor References:

1. Company Name _____
 City/State: _____
 Account Number: _____ Contact Name: _____
 Phone: _____ Fax: _____

2. Company Name _____
 City/State: _____
 Account Number: _____ Contact Name: _____
 Phone: _____ Fax: _____

3. Company Name _____
 City/State: _____
 Account Number: _____ Contact Name: _____
 Phone: _____ Fax: _____

Bank Reference: _____
 City: _____ State: _____
 Account number: _____ Phone: _____ Fax: _____