



Administrative Offices:

330 W Spring St. Ste 303
Columbus, OH 43215
Phone: 614-564-1400
Fax: 614-564-1401

Company Name: _____

Trade Name: _____

Credit Desired: _____

Website: _____

In business since: _____

Type of Business: Corporation LLC Partnership Proprietorship **(If tax-exempt, attach form)**

Fed ID or SSN# (SSN# is required for all proprietorship/partnerships) _____

Address: _____

Phone: _____

Fax: _____

City: _____

State: _____

Zip: _____

County (required): _____

Accounts Payable Contact

Name: _____

Title: _____

Phone: _____

Email: _____

Purchasing Contact

Name: _____

Title: _____

Phone: _____

Email: _____

It is agreed that the firm will pay all invoices in accordance with stated terms and costs of collection that SpinLife.com may incur in enforcing the terms of this agreement. We also authorize SpinLife.com to contact the aforementioned references to verify credit information. SpinLife.com reserves the right to secure the account.

Signature: _____

Date: _____

Name (printed): _____

Title: _____