



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: _____

Address: _____ Phone: _____

_____ Fax: _____

City, State, Zip _____ Website: _____

County (required) _____ **If tax-exempt, attach form.**

Type of Business: _____ In business since: _____

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

Circle One: Corporation LLC Partnership Proprietorship

Principal Contacts:

Purchasing: Name	Title	Phone	E-Mail
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Accounts Payable: Name	Title	Phone	E-Mail
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Trade References:

Business Name: _____ A/R Contact Name: _____

Address: _____ E-Mail: _____

Phone: _____ Fax: _____ Account Number: _____

Business Name: _____ A/R Contact Name: _____

Address: _____ E-Mail: _____

Phone: _____ Fax: _____ Account Number: _____

Business Name: _____ A/R Contact Name: _____

Address: _____ E-Mail: _____

Phone: _____ Fax: _____ Account Number: _____

It is agreed that the firm will pay all invoices in accordance with stated terms and finance charges assessed on past due invoices at the rate of 1 ½% per month (18%apr) together with any court costs, attorney's fees 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.

Firm Name: _____ Date: _____

Signed by _____ Title: _____