

The logo for lifeSign features a thin, curved line above the word "lifeSign". The word "life" is in a lowercase, sans-serif font, and "Sign" is in a larger, bold, lowercase, sans-serif font.

71 Veronica Ave
P.O. Box 218
Somerset, New Jersey 08875-0218
(800) 526-2125 or (732) 246-0570
Fax (732) 246-0570

NEW CUSTOMER INFORMATION FORM
PLEASE FILL OUT THE FOLLOWING INFORMATION AND FAX BACK

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

TELEPHONE NO: _____ FAX NO: _____

E-MAIL: _____

CONTACT PERSON: _____

BILLING ADDRESS: *(Please include COUNTY)* _____

SHIPPING ADDRESS: *(List all ship-to addresses, use separate sheet if necessary)*

IF YOU ARE A NON-Taxable institution please provide any/all tax exempt numbers:

ONCE YOUR INFORMATION IS ENTERED INTO OUR COMPUTER SYSTEM, WE WILL CALL YOU, TO PLACE YOU'RE ORDER. Thank you



CREDIT APPLICATION

The undersigned company is applying for Credit with lifeSign LLC and agrees to abide by the standard terms and conditions of lifeSign LLC as printed on the last page of this document.

Company Name: _____
DBA (if different): _____
Contact Person: _____
Address: _____
Phone: _____ Fax: _____
Federal ID or SS#: _____ No. of employee's _____
Type of Business: _____
Date business established: _____
Types of products you will purchase: _____
Amount of credit requested \$\$ _____

Please Check One:

Are you a:

- CORPORATION
- PARTNERSHIP
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP
- OTHER

State of incorporation: _____
Name, titles, and addresses of your three corporate officers
or partners: _____

Name and address of your resident agent if any.

Are you sales tax exempt? Yes No
(Please provide Copy of
Tax Exempt Certificate with
This Application)

Have you ever had credit with
lifeSign LLC before Yes No

If Yes, under what name? _____
Authorized purchasers _____

Purchase order required? Yes No



TRADE REFERENCES

Reference #1 Name: _____
Address: _____
Fax #No: _____ Contact: _____

Reference #2 Name: _____
Address: _____
Fax #No: _____ Contact: _____

Reference #3 Name: _____
Address: _____
Fax #No: _____ Contact: _____

Bank References #1

Account#: _____
Phone: _____
Contact person: _____
Name of Bank: _____
Address: _____

Bank References #2

Account#: _____
Phone: _____
Contact person: _____
Name of Bank: _____
Address: _____

ALTERNATIVE PAYMENT METHODS:

Credit Card Name: _____
Credit Card Number: _____
Expiration Date: _____
Card Holder: _____

I represent that the above information is true and is given to induce lifeSign LLC to extend credit to the applicant. My company and I authorize lifeSign LLC to make such credit investigation as lifeSign LLC sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to lifeSign LLC any and all information concerning the financial credit history of my company.

Authorized Signature: _____ Printed Name: _____
Title: _____ Date: _____



GENERAL TERMS and CONDITIONS

- ✓ Invoices are generated when your order is placed and are due net 30 days unless otherwise discussed, agreed upon and noted in the original application for credit.
- ✓ All Invoices become payable in full 30 days from the original invoice date and if not paid by the end of the month in which they are due are considered past due.
- ✓ A service charge of 1.5% per month or 18% per annum may be added to all amounts invoiced if not paid in 30 days.
- ✓ No additional credit will be extended to accounts considered past due and will be placed on Credit Hold unless satisfactory arrangements are made with our credit department.
- ✓ New Accounts are asked to prepay their orders by credit card or check for the first 30 days unless satisfactory arrangements are made with our credit department.

I have read the terms and conditions started herein and agree to all of these terms and Conditions:

AUTHORIZED SIGNATURE: _____
PRINTED NAME: _____
TITLE: _____
DATE: _____

Please return this Application with any supporting documentation to:

lifeSign LLC
71 Veronica Ave
PO Box 218
Somerset, NJ 08875

Or fax to (732) 246-0570 Attn: Shirley Shotwell