

WHOLESALE AND CREDIT APPLICATION

Elizabeth Rose Purity Inc.

137 South Searsville Road
Montgomery, New York 12549
(877) 457- 7627 phone (845) 457-9802 fax Email: ERSoaps@aol.com

Please fill out this application as completely as you can. Please submit the completed application, either by mail to the address above or by Fax. Once we receive your application, and check your references, we will notify you via email that your password has been activated. Once you receive this notification, you will be able to place your first wholesale order, by going through the Wholesale Login page.

Business Name: _____

Legal Name (if different): _____

State Tax Resale#: _____

Issue State: _____

Kind of Business: _____

Years in Business: _____

Type of Business: _____

BILLING INFORMATION

Address: _____

Phone: _____ Fax: _____

Email: _____

Accounts Payable Contact: _____

Special Billing Instructions: _____

Wholesale Log In Information:

User Name: _____ Password: _____

PLEASE FILL OUT OR ATTACH 2 TRADE REFERNCES

Company: _____

Address: _____

Phone #: _____

Contact Person: _____

Company: _____

Address: _____

Phone #: _____

Contact Person: _____

The requested information is provided for the purpose of opening an account and for obtaining credit. The undersigned authorizes Elizabeth Rose Purity, Inc. to make inquiries as are necessary to obtain credit information and certifies the information in this application are true and correct.

The undersigned attests financial responsibility and willingness to pay invoices within the terms established by Elizabeth Rose Purity, Inc. It is understood that all past due invoices will be subject to a 1.5% monthly finance charge if not paid by due date and any past due accounts sent to collections may incur additional fees.

In the event this account becomes delinquent, all written and verbal communications will be an attempt to collect the debt and any information will be used for that purpose.

Signature and Title: _____

Date: _____

Print Name: _____