



Aloha Sun Botanicals

P.O. Box 1037

Kula, Hawaii 96790-1037

Phone: (808) 876-1973 Fax: (808) 876-1346

Email: orders@alohasunbotanicals.com

Date: _____

COMPANY PROFILE

FIRM NAME: _____ dba _____

CONTACT PERSON: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ EMAIL: _____

TYPE OF BUSINESS: CORPORATION PARTNERSHIP SOLE PROPRIETOR

OTHER _____ DATE ESTABLISHED: _____

OWNER/OFFICERS: _____

DESCRIPTION OF BUSINESS: _____

BILLING INFORMATION

INFORMATION FURNISHED BELOW WILL BE HELD IN STRICT CONFIDENCE.

STATE TAX NUMBER: _____ FEDERAL EIN: _____

ACCOUNTS PAYABLE: _____ BUYER: _____

PERSONS TO CONTACT IN THE EVENT THE ACCOUNT BECOMES OVER DUE:

_____ PHONE _____

BANK REFERENCES: Name: _____ Branch: _____

TERMS:

1. NET 30 DAYS FROM DATE OF INVOICE
2. INVOICES ARE SENT WITH DELIVERIES. PLEASE PAY BY THESE INVOICES. NO STATEMENT WILL BE SENT AT THE END OF THE MONTH.
3. DELINQUENT ACCOUNTS ARE SUBJECT TO 1 ½% SERVICE CHARGE PER MONTH- ANNUAL 18% PERCENTAGE RATE
4. HANDLING CHARGE OF \$25.00 FOR EACH RETURNED CHECK. C.O.D. CURRENCY ONLY ON ACCOUNTS WITH OUTSTANDING RETURNED CHECKS.
5. UNTIL CREDIT IS APPROVED, ALL DELIVERIES OF MERCHANDISE WILL BE ON A C.O.D. BASIS
6. IF PURCHASES ARE FOR RESALE PURCHASE, PLEASE ATTACH COMPLETED HAWAII FORM G-17 (RESALE CERTIFICATE)

I certify that all information provided on this application for credit is correct. I have read and understand the above credit terms and agree to proper payments in consideration of extended credit. Signature of Owner of Corporate Officer is required to confirm this contract.

Print Name

Title: _____

Signature

Date: _____

Thank you for completing this form in order for us to know about our customers. We look forward to doing business with you!

ALOHA SUN BOTANICALS, Customer Service