

# HEALCEUTICALS, L.L.C.

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## COMPANY INFORMATION

Company Name: \_\_\_\_\_  
DBA: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
Federal ID No.: \_\_\_\_\_ Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Sole Ownership: \_\_\_\_\_  
No. of years in business: \_\_\_\_\_ Dunn & Bradstreet No.: \_\_\_\_\_  
Year estimated sales volume: \_\_\_\_\_ No. of employees: \_\_\_\_\_  
Credit line requested: \_\_\_\_\_

## BANK REFERENCE

Bank Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Account No.: \_\_\_\_\_

## TRADE REFERENCES

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

The below signed individual gives Healceuticals, L.L.C., permission to verify the references of the applicant.  
All information will be held in strict confidence and is used for the sole purpose of establishing credit.

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Print Name Title

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