

Credit Application



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YAO COMPANY
1305 S. Washington St.
Denver, CO 80210-3158 USA
TEL: 1-866-272-6745 303-777-7825
FAX: 303-777-7835



Please complete this application for our files and allow 5 business days to complete this credit process, If applying for these terms. Upon approval and favorable responses from your references **NET 30** can be offered. Until terms are established we can continue to ship orders Prepaid or by Credit Card payment. Thank you

- PLEASE KEEP OUR CREDIT CARD ON FILE TO PROCESS INVOICES
- YES, WE WANT TO APPLY FOR TERMS
- ATTACHING PROOF OF LICENSURE, CERTIFICATION, STUDENT IDENTIFICATION or RETAIL RESALE NUMBER IS REQUIRED

BUSINESS NAME _____

PRACTITIONER NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ FAX () _____

SHIPPING ADDRESS _____ Same as Billing Address

CITY _____ STATE _____ ZIP _____

TELEPHONE () _____ FAX () _____

EMAIL ADDRESS (if you'd like to be contacted about your orders, promos) _____ @ _____

YOU ARE A: Sole Proprietorship Partnership Corporation in State _____

PRACTITIONERS LICENSE NUMBER _____ STATE OF _____

RESALE LICENSE # _____ YEARS IN BUSINESS UNDER PRESENT NAME _____

OWNER / PARTNER NAME(S) _____ TITLE _____

_____ TITLE _____

_____ TITLE _____

CREDIT CARD # _____ **EXP** _____ **3 DIGITS ON BACKSIDE OF CARD** _____

NAME ON CARD _____ **BILLING ADDRESS ZIP CODE** _____

BANK REFERENCE/NAME _____

TELEPHONE () _____ FAX () _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRADE REFERENCE/NAME _____

TELEPHONE () _____ FAX () _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRADE REFERENCE/NAME _____

TELEPHONE () _____ FAX () _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

The above information is for the purpose of obtaining an open line of credit &/or establishing an account to purchase by credit card when the order is placed. The undersigned hereby authorizes Arbor International Inc. (Arbor) to obtain information they consider necessary pertaining to my credit and financial responsibility in order to process this application. This signature authorizes your bank to release information to Arbor. By accepting goods shipped, the undersigned promises to pay for purchases according to the terms granted. If at any time or for any reason the undersigned, or the company granted the credit, is unable to pay for purchases when due, the undersigned agrees to pay. If the account is approved for terms, payment is due 30 days from the date of invoice. A Finance charge of 1.5% per month will be assessed on all amounts not paid within 30 days. Thank you.

PRINT NAME OF AUTHORIZED AGENT _____ **PHONE CONTACT** _____

SIGNATURE OF AUTHORIZED AGENT _____ **DATE** _____