



BUSINESS CONTACT INFORMATION

COMPANY NAME:		TAX ID NUMBER:	IN BUSINESS SINCE:
PRIMARY CONTACT:			
SOLE PROPRIETORSHIP:	PARTNERSHIP:	CORPORATION:	OTHER:

BUSINESS AND CREDIT INFORMATION

BUSINESS ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOW LONG AT CURRENT ADDRESS?		
PHONE:	FAX:	EMAIL:

BANK NAME:		
BANK ADDRESS:		PHONE:
CITY:	STATE:	ZIP CODE:

CHECKING ACCOUNT NUMBER:	SAVINGS ACCOUNT NUMBER:
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ACCOUNTS PAYABLE

ACCOUNTS PAYABLE CONTACT NAME:	
ADDRESS:	
PHONE:	EMAIL:

BUSINESS/TRADE CREDIT REFERENCES

COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	FAX:	EMAIL:
TYPE OF ACCOUNT:		

COMPANY NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE:	FAX:	EMAIL:
TYPE OF ACCOUNT:		

AGREEMENT

1. Invoices are to be paid within fifteen days from the date of the invoice. An additional 3% interest rate will be charged per week to all past due invoices. Credit card payments are not accepted with established terms. Additional orders received with delinquent invoices must be paid via COD.
2. Claims arising from invoices must be made within seven business days.
3. By submitting this application, you authorize Makes Scents, LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

SIGNATURE:	DATE:
PRINT NAME:	
TITLE:	

SIGNATURE:	DATE:
PRINT NAME:	
TITLE:	

Custom hospitality supplier for the **RESORT, SPA, CLUB and SALON.**