



HYGIEN'EASE

TECHNOLOGIES, LTD

CREDIT APPLICATION

Legal Company Name _____

DBA_ _____

Billing Address _____

Ship To Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone# _____ Fax# _____

Phone# _____ Fax# _____

Email _____

Email _____

Type of Business: Corporation Partnership Sole-Proprietorship LLC Other _____

Business Description: _____ Date Established: _____

Principal or Owner _____ Title _____

Principal or Owner _____ Title _____

Address _____

Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

Phone# _____ Email _____

Phone# _____ Email _____

Trade Reference _____ Contact _____

Trade Reference _____ Contact _____

Address _____

Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

Phone# _____ Fax# _____

Phone# _____ Fax# _____

Trade Reference _____ Contact _____

Trade Reference _____ Contact _____

Address _____

Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

Phone# _____ Fax# _____

Phone# _____ Fax# _____

Billing Information: -----

| | | | |
|-----------------------------------|----------------------------------|---------------------------|----------------|
| _____ Accounts Payable Contact | _____ Phone | _____ ext | _____ Email |
| _____ Purchasing Contact | _____ Phone | _____ ext | _____ Email |
| _____ EIN # | _____ Non-Taxable or Exempt # | _____ Sales Tax Number | _____ State |

Credit Terms and Agreement:-----

Terms of Credit: Standard terms are 30 days. Returned checks are subject to return check fees and a \$35.00 processing fee. When credit is extended, it is contingent upon prompt payment, according to the agreed upon terms.

Applicant's signature attest financial responsibility, ability and willingness to pay our invoices in accordance with our terms. The information on this application is for the purpose of attaining credit in consideration of becoming a distributor for Hygien'ease Technologies, selling, and promoting the toilet tissue aid, The Bottom Buddy. The information on this application is warranted to be true. I/WE understand that approval for credit & becoming a distributor is based on a complete review of all information submitted and I/WE authorize and release approval for Hygien'ease Technologies to investigate/contact all trade references. The undersigned person/persons warrant that he or she is authorized to execute this application.

| | | |
|--------------------|---------------|----------------|
| _____ Signature | _____ Name | _____ Title |
| _____ Signature | _____ Name | _____ Title |

**HYGIEN'EASE TECHNOLOGIES
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MADISON TOWNSHIP, PA 18444
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