

ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE.

Vermont Country Soap Corporation

Credit Application

Please fill in the blanks and email to hester@vermontsoap.com.

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip-Code: _____

Phone: _____ Fax: _____

Type of Ownership: _____ Year Established: _____ Federal Tax ID#: _____

ACCOUNTS PAYABLE CONTACT INFORMATION

Contact Person: _____ Title: _____

Phone: _____ Fax: _____

E-mail address for invoices and statements: _____

BANK INFORMATION

Name of Bank: _____

Address: _____

City: _____ State: _____ Zip-Code: _____

Phone: _____ Fax: _____

Account #: _____ Bank Routing #: _____

We require a minimum of three trade references. List only the companies with whom you currently have terms, not accounts paid by credit card or COD. To facilitate this process, be sure to fill out all the fields for the references you list. If you would like to provide more than three, just copy this form and attach it to the original application. The following companies do not disclose credit information: Burt's Bees, Frontier Natural Products Co-op, NOW Foods, and United Natural Foods, Inc.

TRADE REFERENCE INFORMATION

1. Company Name: _____

Address: _____

City: _____ State: _____ Zip-Code: _____

Phone: _____ Fax: _____

E-mail Address: _____ Account #: _____

2. Company Name: _____

Address: _____

City: _____ State: _____ Zip-Code: _____

Phone: _____ Fax: _____

E-mail Address: _____ Account #: _____

3. Company Name: _____

Address: _____

City: _____ State: _____ Zip-Code: _____

Phone: _____ Fax: _____

E-mail Address: _____ Account #: _____

We would like to establish credit with your company. We authorize you to contact our references we have listed.

Print Name and Title: _____

Authorized Signature: _____ Date: _____

NOTE: For Vermont customers, a copy of Vermont Resale and Exempt Organization Certificate of Exemption should be returned with this application if one has not already been provided to us.