

Jarrow Formulas, Inc.

15233 Ventura Blvd. # 9
Sherman Oaks, CA 91403
Phone (800) 726-0886 Fax (310) 204-4079

Customer Information and Credit Agreement

This information is provided for the purpose
of securing credit from Jarrow Formulas, Inc.

Customer (Account Name/Company) _____ Tel ____/_____
Address _____ City _____ State ____ Zip Code _____ Fax ____/_____

Own Rent Mortgage Holder Landlord. Name/Address/Phone _____

Shipping Address (if different than above) _____

Legal Entity sole proprietorship partnership corporation Years In This Business _____

Years This Location _____ FED ID# _____ State ID# _____ City Lic# _____

Seller's Permit (Resale)# _____ State _____ Submit signed Resale Card w/ this application

Dun & Bradstreet D-U-N-S # _____

Proprietors/Partners/Officers of Corporation

Name _____ Title _____ Residence Address _____ City _____ State _____

SocSec# _____ Residence Telephone ____/____

Name _____ Title _____ Residence Address _____ City _____ State _____

SocSec# _____ Residence Telephone ____/____

State in w/c Incorporated _____ Date of Incorporation _____ Public Corporation _____ Private Corporation _____

of Employees _____ Estimated Annual Sales _____

CFO or representative to contact regarding financial matters _____ Tel ____/____ ext ____

Bank References

Name _____ Address _____ City _____ State _____ Tel ____/_____

Type of Account _____ Account# _____ Fax ____/_____

Name _____ Address _____ City _____ State _____ Tel ____/_____

Type of Account _____ Account# _____ Fax ____/_____

Trade References

Name _____ Address _____ City _____ State _____ Tel ____/_____

Fax ____/_____ Account# _____ (office use only) Date acct Opened _____

Name _____ Address _____ City _____ State _____ Tel ____/_____

Fax ____/_____ Account# _____ (office use only) Date acct Opened _____

Name _____ Address _____ City _____ State _____ Tel ____/_____

Fax ____/_____ Account# _____ (office use only) Date acct Opened _____

All orders are COD until Credit Information is verified and accepted.

Estimated Monthly Purchases \$ _____ Credit Line Requested \$ _____

In accordance w/ state law, all purchases will be charged the appropriate rate of tax until exempt certificate has been verified.

Terms and Agreements In Accordance w/ the Laws of the State of California: The above information is for the purpose of obtaining credit. The undersigned individual (if proprietorship) or individuals (if partnership two must sign) or officer (if corporation) declare the above information to be true and correct. The undersigned hereby authorizes the above named references to release credit information to Jarrow Formulas, Inc. In consideration for credit being extended, the undersigned acknowledge and agree to the following: 1) Payment is personally, jointly, severally and unconditionally guaranteed whether signed on behalf of said individual, partnership or corporation, to abide by said guarantee within the terms as stated on the sales invoice; 2) Any charges unpaid after the date of invoice will be assessed a service charge of one and on half percent (1 1/2%) per month; 3) any charges outstanding after 90 days from the date of invoice are subject to collection, and all collection or arbitration expenses, attorney's (s) fees and court costs will be borne by the Customer (Account Name/Company); 4) title to all products as listed on the sales invoice remain the creditor's until all invoices and additional charges have been paid in full; 5) all claims, requests for adjustments or notification of errors must be made in writing w/in fifteen (15) days of invoice date or charges will be considered accepted; 6) this agreement shall apply to all current and future charges unless revocation is received by registered mail; 7) credit privileges may be w/drawn at any time w/out invalidating this agreement. Understood, Accepted and Agreed to by:

Signature _____ Title _____ Date _____ Type or Print Name _____

Signature _____ Title _____ Date _____ Type or Print Name _____