

SportLube customer application for trade account

Business contact information

Contact name:			
Phone:	Fax:	E-mail:	
Address:			
City:		State:	Postcode:
In business since:			
Sole trader: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Limited liability: <input type="checkbox"/>	Other: <input type="checkbox"/>

Business and credit information

Postal address:			
City:		State:	Postcode:
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	Postcode:

Business/trade references

Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	
Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	

Agreement

1. You have read and understand the company MAP and on-line Pricing guidelines.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. By submitting this application, you authorise HMB Pharma LLC to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Title:	Title:
Date:	Date: