



**DropsA North America, Inc.**

15809 Claire Ct.

Macomb, MI 48042

Phone: 586-566-1540

Fax: 586-566-1541

## Credit Application Form

BUSINESS INFORMATION			
Company Name		Company Phone	
Company Address		Company Fax	
Company City		Company Website	
Company State / Zip		Years of Operation	

CONTACT INFORMATION			
Buyer Name		Buyer Email	
Buyer Phone Number			
Accounting Name		Accounting Email	
Account Phone Number			
Invoice Submission Email			

BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

### AGREEMENT

The undersigned is authorized and agrees to the following terms:

- 1) Unless otherwise specified, terms of payment are NET 30 days from the date of shipment of the products or performance of services.
- 2) Claims arising from invoices must be made within seven working days of delivery
- 3) In the event of overdue invoices, DropsA reserves the right to cancel any order without obligation or to delay delivery of goods until such time as delinquent invoices are paid in full. In the event DropsA deems it appropriate to refer the above company's overdue account to outside parties for collection, the above company, shall pay all DropsA's costs of collection, including without limitation, court costs and reasonable attorney's fees.

By submitting this application, you are authorizing DropsA to make inquiries into financials and trade references that you have supplied.

SIGNATURES			
Signature		Title	
Name		Tax ID #	
Date		D & B #	

Please submit this fully completed application and W-9 to [lilipka@dropsausa.com](mailto:lilipka@dropsausa.com) for processing.

Internal Use: Account Number: \_\_\_\_\_ Approved Credit Limit \_\_\_\_\_