

Attention (please choose who you have been working with): Patrick Chad Mindy Ryan Brady



WHOLESALE DISTRIBUTORS
Corporate Offices
6848 S. Airport Rd.
West Jordan, UT 84084
(800) 279-1906 Fax (800) 335-8527

YOU CAN ESTABLISH CREDIT IN THE TIME IT TAKES YOU TO FILL OUT THIS FORM!



- 1) Fill out the credit information
- 2) Sign the Authorization

TERMS: NET 15 DAYS —A hold will placed on your credit card in the amount of the invoice plus shipping. If invoice is not paid by check within 15 days, your credit card will be charged for the amount due unless prior arrangements have been.

CREDIT APPLICANT (please print clearly)

Name: _____ Home Phone: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

COMPANY INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax: _____

Federal ID#: _____ Tax Exempt # _____

HWP continually emails to our customers featured specials and new product information. If you would like to receive these emails please check the box. Email: _____

CREDIT INFORMATION If you are not comfortable listing your credit card information at this time, a associate of HWP Inc. will call you. Before any orders can be placed, a credit card must be put on file. All Mspa and Sauna orders are prepaid.

Charge card upon shipping of product OR Charge card after 20 days plus 2.25% fee

CARD TYPE: VISA MASTERCARD DISCOVER

Name on Card _____

Card Number _____

Security Number _____ Expiration Date _____

THE FINE PRINT!

I have read the terms and conditions. I hereby authorize **HWP Inc.** to charge my credit card any unpaid balance on my account that exceeds 20 days from the date of the invoice. Customer agrees that all dealings between **HWP** will be governed and interpreted in accordance with the laws of the State of Utah and agrees to submit to jurisdiction of the courts of Utah to resolve any controversy arising out of said dealings. In the event **Customers'** account is placed for collection, **Customer** agrees to pay all collection and/or attorney's fee and court costs.

Signature: (signer on card) _____ Date: _____