



SELINA NATURALLY®
home of CELTIC SEA SALT® BRAND

Selina Naturally® Celtic Sea Salt® Brand - Credit Application

BUSINESS INFORMATION

COMPANY NAME		
FIRST NAME		LAST NAME
TITLE		EMAIL
PHONE NUMBER		FAX NUMBER
COMPANY ADDRESS		CITY
STATE	ZIP	COUNTRY
DATE BUSINESS COMMENCED	BUSINESS STRUCTURE	CORPORATION LLC SOLE PROPRIETORSHIP
OWNER NAME (IF SOLE PROPRIETORSHIP)		

CREDIT INFORMATION

HOW LONG HAS YOUR BUSINESS BEEN AT ITS CURRENT ADDRESS?		
BANK NAME		BANK ACCOUNT NUMBER
TYPE OF ACCOUNT	SAVINGS	CHECKING OTHER



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BUSINESS/TRADE REFERENCES

COMPANY NAME 1		CONTACT NAME
PHONE		FAX
EMAIL		ACCOUNT NUMBER
ADDRESS		CITY
STATE	ZIP	COUNTRY
COMPANY NAME 2		CONTACT NAME
PHONE		FAX
EMAIL		ACCOUNT NUMBER
ADDRESS		CITY
STATE	ZIP	COUNTRY
COMPANY NAME 3		CONTACT NAME
PHONE		FAX
EMAIL		ACCOUNT NUMBER
ADDRESS		CITY
STATE	ZIP	COUNTRY



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AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven business days.
3. By submitting this application, you authorize Selina Naturally® Celtic Sea Salt® Brand to make inquiries into the banking and business/trade references that you have supplied.

PRINTED NAME	
SIGNATURE	DATE