



Account Number (JES ID) \_\_\_\_\_

Adenna Sales Rep: \_\_\_\_\_ Date: \_\_\_\_\_

### CREDIT APPLICATION AND ACCOUNT INFORMATION

**Note: In order to expedite the establishment of your account and credit term, please complete each section of the application. Once completed and signed, please fax it to (909) 510-8999**

Registered Company Name: \_\_\_\_\_ Doing Business As (DBA): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Bill To Address** (invoices will be sent): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Ship To Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### ACCOUNTS PAYABLE INFORMATION

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Started: \_\_\_\_\_ Federal ID No: \_\_\_\_\_

State Resale No.: \_\_\_\_\_  Taxable  Non-taxable DUNS No. (D&B): \_\_\_\_\_

Sole Proprietor  Partnership  Incorporated, What State: \_\_\_\_\_  Publicly Traded

**\*\*For Tax Exempt or Resale status, please submit a valid Tax Exempt Certificate or State Resale Permit.**

### OWNERSHIP INFORMATION

If there are multiple owners, please attach a complete list including the names, titles, addresses and the percentage of ownership. If you have a Parent Company, please list Parent Company name.

1) Owner/Officer Name: \_\_\_\_\_

Title: \_\_\_\_\_ % Owned: \_\_\_\_\_

Social Sec. No. \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Own  Rent Phone: \_\_\_\_\_

2) Owner/Officer Name: \_\_\_\_\_

Title: \_\_\_\_\_ % Owned: \_\_\_\_\_

Social Sec. No. \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Own  Rent Phone: \_\_\_\_\_

**PLEASE FAX COMPLETED APPLICATION TO (909) 510-8999**

**BANK REFERENCE – MAIN OPERATING ACCOUNT**

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Please provide full account numbers, contact name, phone and fax numbers of bank references.

Bank Name: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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If less than one year, please provide previous bank reference:

Bank Name: \_\_\_\_\_ Account No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Authorization to Release Credit Information**

Company Name(s) as appears on the Main Operating Bank Account: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(must be authorized signer for the account) (Name of Bank)

to release credit information to **Adenna Inc.** for the purpose of establishing credit.

Please release credit information on the following accounts:

- Checking Account # \_\_\_\_\_
- Savings Account # \_\_\_\_\_
- Line(s) of Credit Account # \_\_\_\_\_
- Other Account # \_\_\_\_\_

Please Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Limit Requested:** \$ \_\_\_\_\_

**Credit Term Requested:** \_\_\_\_\_

By signing this document, the undersigned authorizes Adenna Inc. to contact the references and to verify information on the credit application. I/We agree to and shall be liable to pay all invoices within the terms of the invoice date and will pay an interest charge of 1.5% per month on all balances outstanding 30 days or more after the invoice date. In the event that the account is referred to collection, I/we will pay the cost of collection equal to a minimum of 33% of the unpaid principal and interest amount. It is understood that all billing of accounts receivable and credit are processed through Adenna Inc. Corporate office in Los Angeles, California. It is also understood that in the event of a suit or legal action, Los Angeles, California is the venue for litigation. I/We understand that I/We waive our rights to litigate outside of Los Angeles, California.

I/We represent that all of the information contained in this application is true and correct, and I/We agree that if any of the information becomes outdated or if I/We learn of a possible or pending change in ownership or management, I/We will immediately notify Adenna Inc.

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Personal Guaranty**

The undersigned personally and unconditionally GUARANTEES to Adenna Inc. (seller) all payments and obligations owed by the Company/Customer named upon this application to Adenna Inc., sold on credit now or in the future. I/We also agree to be personally liable for all attorney fees and legal costs incurred by Adenna Inc. in entering collection of Company/Customer's obligation. I/We agree that Adenna Inc. may proceed directly against me without first proceeding against the Company/Customer or any security. It is also understood that in the event of a suit or legal action, Los Angeles, California is the venue for litigation. I/We understand that I/We waive our right to litigate outside of Los Angeles, California. I/We understand that this continuing guarantee shall not be revoked except by written notice from Adenna Inc.

Guarantor Signature: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**TRADE REFERENCES**

A *minimum* of **three** trade references, including phone and fax numbers are required to process your application.

1) **Business Name:** \_\_\_\_\_ **Acct. No.:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_

2) **Business Name:** \_\_\_\_\_ **Acct. No.:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_

3) **Business Name:** \_\_\_\_\_ **Acct: No.:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_

4) **Business Name:** \_\_\_\_\_ **Acct: No.:** \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_

**ADDITIONAL STAFF INFORMATION**

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**Vice President, Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Sales Manager, Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Marketing Manager, Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Purchasing, Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Other Contact, Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_



**ADENNA RETURN GOODS & WARRANTY POLICY**

**Claims for Damaged Goods or Discrepancies in Order / Shipment Received**

Every effort is made to ensure that all orders are picked correctly and shipped according to our customer's purchase orders in good condition. All freight logistics are coordinated with selected and authorized freight carriers. It is the customer's responsibility to inspect the condition, and count of all products received.

In the event that there are any issues with the shipment received, **the customer must notify the freight carrier driver or delivery person immediately, and document the issues with the shipment on the freight carrier's copy of the Bill of Lading BEFORE signing the Bill to take receipt of the shipment.** The customer should then report the problem to Adenna Inc.'s customer service representative.

After the customer signs the freight carrier's copy of the Bill of Lading to acknowledge receipt of goods in good condition and correct quantities, the ownership of goods is officially transferred from freight carrier to customer. **No claims for damage or shortage in shipments will be processed by Adenna Inc., or the freight carrier later.**

**Commercial Warranty**

Adenna warrants our products to be free from defects in material and workmanship for a period of not less than 1 year from date of delivery. All products found defective within that period shall be replaced. Adenna disclaims all expressed or implied warranties to the maximum extent permitted by law. Under no circumstances shall Adenna be liable for any incidental, consequential, or indirect personal injury, damages, interruption of business, or any other loss arising from the use of our products.

It is understood and agreed that Adenna's liability shall not exceed the amount of purchase price paid by buyer of the product. User assumes all risk of possible allergic sensitization or reactions. No action whatsoever arising from the use of our products may be brought after one year from the cause of such action.

**Return Goods Policy**

Orders accepted by Adenna are not subject to change or cancellation by Customer except with Adenna's verbal and written consent. All return must (a) complete a Return Goods Authorization (RGA) form, and (b) obtain an RGA Number, from an Adenna Customer Service Representative. All non-defective returns shall be subject to a 15% restocking fee.

Return party shall prepay shipping cost. Products for replacement may be shipped before return goods are received. **Failure to return goods within fifteen (15) days of issuance of RGA Number will result in additional invoice and charges.** Adenna only accepts returns of Adenna's branded products that are purchased and invoiced within 90-day period.

Acknowledged and received by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name