



# Richters

*The Herb Specialists*

Otto Richter and Sons Limited  
(doing business as "Richters Herbs" and "Richters")  
Goodwood, Ontario, L0C 1A0, Canada

## CREDIT APPLICATION

Date:

### APPLICANT

Company Legal Name:

Company Operating Name:

Address:

Address:

City:

Province/State:

Country:

Postal/Zip Code:

Telephone:

Fax:

Email:

### STATUS

Corporation

Partnership

Sole Proprietorship

Date Business Commenced:

Type of Business:

### PRINCIPALS (name/title/phone)

1.

2.

3.

4.

Accounts Payable Contact:

### BANKING (name/address/phone)

1.

2.

3.

TRADE REFERENCES (name/address/phone/fax)

1.
2.
3.
4.

TAX EXEMPTION

Customers outside Canada are already tax exempt. Ontario customers must provide completed Retail Sales Tax exemption form.

PST#:
GST#:

CREDIT REQUESTED: \_\_\_\_\_

CREDIT TERMS

The undersigned understands that the terms under which Otto Richter and Sons Limited grants credit are as follows:

- Accounts are due and payable according to the terms indicated on invoices.
- Accounts are payable from invoices; statements may not be issued. .
- All claims must be made within seven (7) days of receipt of goods. No goods may be returned without prior written approval.
- In connection with this application for credit, the applicant authorizes Richters Herbs to conduct inquiries.
- In consideration of the granting of purchase by credit, the applicant agrees to pay service charges of 2% per month compounded monthly or 26.8% per annum on overdue balances.

Signature:	Title:
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**COMPLETE AND SIGN THIS FORM, AND MAIL OR FAX IT TO:**

Accounts Receivable  
Richters Herbs  
357 Highway 47  
Goodwood, ON, L0C 1A0 Canada  
Fax: 1-905-640-6641

*Our usual credit terms are net 30 days.*

*Credit accounts are subject to approval following analysis of account.  
Credit inquiries: [accrec@richters.com](mailto:accrec@richters.com), 1-905-640-6677 extension 200.*

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*Internal use only:*

Limit:	Approved by:	Date:
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