



1630-A Old Bainbridge Road
Tallahassee FL 32303

(850) 575-0921
(850) 575-4964 (Fax)

Credit Application

Important: A completed application is required. All information supplied will be kept strictly confidential. The information provided is not to be considered in any way a commitment to enter into any Agreement with Spa Concepts, Inc.

Applicant Name : _____ Email Address: _____

Business Name : _____

Social Security #: _____ Federal Tax ID #: _____ Yrs in Business: ____

Business Address: _____

Home Address: _____

Business Phone: _____ Home Phone: _____ Cell Phone _____

Do You Currently Carry Candles? ____ Yes ____ No

Please List Current Candle Lines: _____

Do You Currently Carry Bath Products? ____ Yes ____ No

Please List Current Bath Lines: _____

List three references (Name, Address and Phone): (Business Only)

1. _____

2. _____

3. _____

Name of Bank: _____ Office Contact: _____

Address: _____

AUTHORIZATION TO RELEASE BANK REFERENCE

I, _____ as a duly authorized representative of _____
_____ do hereby authorize the _____

(Bank Name) to release any and all credit information to Spa Concepts, Inc. for the purpose of evaluating our company's credit worthiness.

Applicant signature _____

Date _____