



**CUSTOMER CREDIT APPLICATION**  
**Please note: All information must be filled out for account to be reviewed.**

Reason for Application:  
☐ New Account Existing Account

Type of Customer:  
☐ Brick & Mortar. E-Retail only Other:

|   |                        |  |
|---|------------------------|--|
| FULL LEGAL BUSINESS NAME:                       |                        | PRINCIPAL OWNER:   |
| PRIMARY CONTACT:                                | PRIMARY CONTACT TITLE: | PRIMARY CONTACT TELEPHONE:   |
|   |                        | PRIMARY CONTACT EMAILADDRESS:  |
| BILL TO ADDRESS:                                | CITY / STATE / ZIP     | TELEPHONE:   |
|   |                        | FAX:   |
| SHIP TO ADDRESS:                                | CITY / STATE / ZIP     | TELEPHONE:   |
|   |                        | FAX:   |
| TYPE OF BUSINESS:                               | YEAR ESTABLISHED       | BUSINESS IN PRESENT LOCATION SINCE MO / YR:  |
| PREVIOUS LOCATION: (If applicable)              | TAX ID #:              | TAX EXEMPT: (Yes - Tax Exempt or No - Non-Exempt) if YES please attach most current. |
| ESTIMATED ANNUAL SALES VOLUME AT RETAIL / NET*: |                        | OPENING ORDER VALUE AT RETAIL / NET:   |

|   |                    |                     |
|---|--------------------|---------------------|
| CREDITORS / REFERENCES (optional if Tax ID is provided and allows for credit check) |                    |                     |
| NAME:   | NAME:              | NAME:               |
| ADDRESS:  | ADDRESS:           | ADDRESS:            |
| CITY / STATE / ZIP:   | CITY /STATE / ZIP: | CITY / STATE / ZIP: |
| TELEPHONE:  | TELEPHONE:         | TELEPHONE:          |
| CONTACT:  | CONTACT:           | CONTACT:            |
| TITLE:  | TITLE:             | TITLE:              |
| EMAIL:  | EMAIL:             | EMAIL:              |
| FAX:  | FAX:               | FAX:                |

|   |      |
|---|------|
| BANK INFORMATION (required for wire/ACH payments) |      |
| BANK NAME:  |      |
| ADDRESS:  |      |
| CITY / STATE / ZIP:                               |      |
| CONTACT:  |      |
| TITLE:  |      |
| TELEPHONE:  | FAX: |

|  |                    |            |
|--|--------------------|------------|
| INVOICING INFORMATION  |                    |            |
| PRIMARY ACCOUNTS PAYABLE CONTACT NAME:   |                    | TELEPHONE: |
|  |                    | FAX:       |
| PREFERRED METHOD OF INVOICES: (EMAIL, MAIL, FAX, EDI)  |                    |            |
| EMAILADDRESS:  |                    |            |
| ADDRESS:   | CITY / STATE / ZIP |            |
| PAYMENT INFORMATION  |                    |            |
| PREFERRED METHOD OF PAYMENT: (Cash, Credit card, Check, Wire, ACH, EFT)  |                    |            |
|  |                    |            |
| ADDITIONAL COMMENTS:   |                    |            |
| COMPLETION OF THIS APPLICATION GIVES AUTHORITY TO CANNAPHYLL TO MAKE INQUIRIES TO THE CREDITORS / FINANCIAL INSTITUTIONS / REFERENCES LISTED ABOVE.  |                    |            |
| SIGNATURE REQUIRED:  |                    | DATED:     |
| By signing above, I attest that I accept the General Terms and Conditions of Sale (T&Cs) for CANNAPHYLL  |                    |            |
| NOTE: THE EXTENSION OF CREDIT IS SUBJECT TO CERTAIN TERMS AND CONDITIONS NOT CONTAINED HEREIN. CANNAPHYLL RESERVES THE RIGHT TO CHANGE THESE TERMS AND CONDITIONS AT ANY TIME SO LONG AS NOTICE IS GIVEN. CANNAPHYLL PURCHASE ORDER REQUIREMENTS, TERMS OF SALE AND PAYMENT REQUIREMENTS MUST BE ADHERED TO IN ORDER TO CONTINUE ACCEPTANCE OF CREDIT TO THIS CUSTOMER. MERCHANDISE SOLD TO CUSTOMER IS FOR SUBSEQUENT RESALE TO CONSUMERS IN THE ORDINARY COURSE OF BUSINESS ONLY, UNLESS PRIOR WRITTEN APPROVAL IS OBTAINED FROM CANNAPHYLL CHANGES IN OWNERSHIP REQUIRE A NEW APPLICATION FOR CREDIT. |                    |            |