



Ajinomoto Health & Nutrition North America, Inc.  
Amino Acid Technologies  
4020 Ajinomoto Drive, Raleigh, NC 27610  
Telephone - 919.325.1400 Fax - 919.231.6275

# Confidential Credit Application

**To:** Credit Management      **Date:**

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We hereby apply for the extension of credit by your firm. The following information is submitted as a basis for your consideration of our application. We hereby authorize Ajinomoto Health & Nutrition North America, Inc. to make any inquiry that you may consider necessary from any source whatsoever to validate the information contained in this application or to determine the credit worthiness of the applicant.

**Company Name** \_\_\_\_\_

**Type of Business** \_\_\_\_\_

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP Code** \_\_\_\_\_

**Federal ID Number** \_\_\_\_\_ **SIC Code** \_\_\_\_\_

**Year Started** \_\_\_\_\_ **Number of employees** \_\_\_\_\_

**Estimated Annual Sales** \_\_\_\_\_ **Former Business Name(s)** \_\_\_\_\_

\_\_\_\_\_

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**Contact Person in Purchase Department** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Contact Person in Accounts Payable** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

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**Principal Owner or Stockholders**

| Name  | Title | Address |
|-------|-------|---------|
| _____ | _____ | _____   |
| _____ | _____ | _____   |
| _____ | _____ | _____   |

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**Bank Reference**

**Name** \_\_\_\_\_ **ABA Routing Number** \_\_\_\_\_

**Address** \_\_\_\_\_ **Account Number** \_\_\_\_\_

\_\_\_\_\_ **Phone Number** \_\_\_\_\_



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## Trade References

*Please provide 3 to 4 references.*

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Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
Contact Person \_\_\_\_\_ Years of Business Relationship \_\_\_\_\_  
Email Address \_\_\_\_\_

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Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
Contact Person \_\_\_\_\_ Years of Business Relationship \_\_\_\_\_  
Email Address \_\_\_\_\_

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Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
Contact Person \_\_\_\_\_ Years of Business Relationship \_\_\_\_\_  
Email Address \_\_\_\_\_

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Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Fax Number \_\_\_\_\_  
Contact Person \_\_\_\_\_ Years of Business Relationship \_\_\_\_\_  
Email Address \_\_\_\_\_

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We expect our monthly credit requirements from you to be about \$ \_\_\_\_\_ .00  
based on (Quarterly/Monthly) purchases of \$ \_\_\_\_\_ .00.  
Payment terms are Net30 days, unless otherwise approved in writing.



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Applicant's signature attests financial responsibility, ability, and willingness to pay our invoices in accordance with the Terms of Sale set by Ajinomoto Health & Nutrition North America, Inc. If at any time, for any reason, the applicant does not pay for purchases when due, the applicant agrees to pay and authorizes Ajinomoto Health & Nutrition North America, Inc. to bill the applicant's account a service charge of 1 1/2% per month or the maximum amount allowed by law, whichever is higher. In the event that it becomes necessary for Ajinomoto Health & Nutrition North America, Inc. to incur collection costs or legal fees associated with the enforcement of the unpaid debt, or any portion thereof, the applicant agrees and promises to pay any and all such additional collection costs, charges, and expenses, including reasonable attorney's fees if the account is placed with an attorney for collection.

*Note: In light of our credit investigation, we might request you to send additional financial or other information.*

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**Signature** \_\_\_\_\_  
**Print Name** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Date** \_\_\_\_\_