



Novus Nutrition Brands, LLC

20 Research Park Drive
St. Charles, MO 63304
1-866-791-3344
Fax: 314-576-6821

CREDIT APPLICATION

Legal Name _____

d/b/a or Tradestyle _____

Business Street Address _____

City, State, Zip _____

Phone No. _____ Fax No. _____

PLEASE FILL IN ALL BLANKS AND ATTACH REQUESTED FINANCIAL INFORMATION

Desired Credit Facility \$ _____ Estimated Monthly Purchases from NNB \$ _____

Product(s) to be purchased _____ Fiscal Year End Date _____

Type of Business _____ Year this Business Started _____

CHECK ONE: () Sole Proprietorship () Limited Partnership () Sub-S Corporation
() Limited Liability Corp () General Partnership () Corporation

Date Incorporated _____ State of Incorporation _____

Please check if you are a () Division or a () Subsidiary and insert the full name and address of your parent company _____

Complete Name(s) of Principal Owners or Partners	Social Security #	Title	Stock Owned
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

Are any lawsuits pending or judgements/tax liens open against your or your company () Yes () No

Have any of the principals or this business ever filed bankruptcy? () Yes () No

List any contingent liabilities as endorser, guarantor or co-signer: _____

FINANCIAL INFORMATION

If your company is requesting more than a \$30,000 line of credit and is privately owned, please attach copies of the company's current, interim financial statements not more than 3 months old and the latest fiscal-year-end financial statements. CPA prepared figures and accompanying footnotes are preferred, if available.

ACTIVE TRADE SUPPLIERS

Print full name, complete address and phone number of your major suppliers. Please do not list affiliated/related companies, COD or Cash in Advance references.

1. _____
 Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # _____ Fax # _____

2. _____
 Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # _____ Fax # _____

3. _____
 Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # _____ Fax # _____

4. _____
 Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # _____ Fax # _____

ACTIVE BANK REFERENCES

Print full name and complete address of financial institutions where you have active checking accounts and borrowing facilities.

1. _____
 Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Checking account # _____ Loan No. _____
 Phone # _____ Contact _____

2. _____
 Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Checking account # _____ Loan No. _____
 Phone # _____ Contact _____

SIGNATURE CUSTOMER AGREEMENT

The above information and attached financial statements are submitted by the applicant for the purpose of obtaining credit and will be held by Novus Nutrition Brands, LLC ("NNB") in strictest confidence. The applicant grants permission for any financial institution, trade supplier or credit agency to release any credit and financial information which may periodically be requested by NNB on the applicant or its principal owners/partners. The applicant understands and accepts NNB payment terms of Net 30 days from invoice date, unless otherwise agreed to in writing, and agrees to pay in full for all purchases when invoices become due for payment. A delinquency charge of 1 1/2% per month or the maximum rate permitted by applicable state law, whichever is less, may be charged on all past due balances. The applicant further agrees to pay a reasonable attorney's fee and all other costs and expenses incurred by NNB in the collection of any obligation of the applicant. The applicant agrees to provide NNB an annual financial statement as a condition for the continued extension of credit. The applicant's continued solvency is a precondition to any sale made by NNB and applicant agrees to advise NNB promptly in writing if it ever becomes insolvent. All decisions with respect to the extension, continuation or termination of credit shall be in the sole discretion of NNB.

Authorized Signature _____ Title _____
Printed Name _____ Date _____

APPLICATION MUST BE SIGNED ABOVE BEFORE IT CAN BE PROCESSED. AFTER INVESTIGATION, NOVUS NUTRITION BRANDS, LLC WILL DECIDE WHAT CREDIT ACCOMODATIONS WILL BE GRANTED.

PERSONAL GUARANTEE

In consideration of Novus Nutrition Brands, LLC ("NNB") extending credit to the above applicant, the undersigned does jointly and severally and unconditionally guarantee and promise to pay NNB, on demand and without previous recourse by NNB to the applicant, any and all indebtedness of the above applicant to NNB heretofore or hereafter granted (without deduction for any claim of setoff or counterclaim of the applicant or loss of contribution from any other guarantor, or any other defenses), including collection costs, reasonable attorneys' fees and other legal expenses. Notice of default is waived. This is a continuing guarantee and the obligations created hereby are not affected by any change in the terms of the original indebtedness between NNB and the above applicant. This guarantee shall be binding upon the heirs, executors and administrators of the undersigned.

Signature _____ Date _____ Signature _____ Date _____