

KRESS & OWEN COMPANY

Glyco-Thymoline

P.O. BOX 434 AVONDALE ESTATES, GEORGIA 30002-0434

DISTRIBUTOR VERIFICATION

The following information is required to establish a business relationship with Kress and Owen Company, Inc.

TYPE OF BUSINESS

- U.S. Distributor International Distributor Retailer
 Other (please specify) _____

Name of Company or Individual _____

Corporate Name (if different than Company Name) _____

Business Address _____

City _____ State _____ Zip Code _____

Business Phone # _____ Fax # _____

Website _____ E-mail _____

Full Name of Owner/President _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone # _____

(Please check one) _____ Sole Proprietor _____ Corporation _____ Partnership

Date Incorporated _____ State Incorporated _____

Federal ID # _____

Date business was started _____

Name of Accounts Payable Administrator _____

CERTIFICATE OF RESALE INFORMATION

Name which appears on Certificate _____

Certificate Number _____

Effective Certificate date _____ Original Certificate date _____

Terms of Agreement

I authorize that the above information is true and accurate. There is a \$25.00 fee for all returned checks and your business is required to pay prejudgment interest, attorney fees and other costs incurred by Kress & Owen Co., Inc. if legal action is necessary to obtain payment for past due or unpaid invoices and/or other changes.

Signature _____ Title _____ Date _____

Printed Name _____

All businesses must provide a copy of their business license.

PHONE/FAX: 404-298-9959

EMAIL: ADMIN@GLYCO-THYMOLINE.NET