



LIMITLESS INTERNATIONAL INC.

CREDIT APPLICATION

Company Name: _____ Customer # _____

Name of Acct. Payables Contact: _____ Phone: _____

Address: _____ Fax: _____

_____ SIC Code: _____

Email Address: _____

Corporation ___ Partnership ___ Proprietorship ___

Incorporated in the state of: _____ Date: _____

Name of officers or partners: 1. _____ Title: _____

2. _____ Title: _____

3. _____ Title: _____

Subsidiary ___ Division ___ of: _____

City & State: _____

Billing Address: _____

TRADE REFERENCES

#1 Name: _____ #2 Name: _____ #3 Name: _____

Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____

BANK REFERENCES

Name of Bank: _____ Name of Bank: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Account No: _____ Account No: _____

TERMS: NET 15 DAYS – Subject to interest on Overdue Balances

Authorized Signature _____ (Title) _____ (Date)

The execution of this Credit Application acknowledges that we the authorized signatory have read the Terms and Conditions of service as outlined on the LimitLess International website or by attachment, www.limitlessintl.com and agree to such Terms and Conditions.