



MAYWAY CORP. *Chinese Herbs and Herbal Products Since 1969*

1338 Mandela Parkway, Oakland, California 94607

Phone 1-800 2-MAYWAY • Fax 1-800-909-2828 www.mayway.com

Dear Valued Customer:

Thank you for your interest in establishing credit with Mayway. Please find enclosed a Credit Application form and a Credit Release Authorization form. Please complete the forms, sign and return by mail or fax.

All information will be confidential and we will not use the information provided for any other purpose other than for establishing your credit account.

The normal processing time for credit applications is two weeks. While we are processing your credit application, we welcome you to place orders by COD or credit card.

If you should have any questions, please do not hesitate to contact anyone in our accounting department. We look forward to serving you.

Sincerely,

Mayway Corp.
Accounting Department



Mayway Corp.

Credit Application

Please send/fax completed forms to:

Mayway Credit Dept.

1338 Mandela Parkway, Oakland, CA 94607 Tel

1.800.262.9929 Fax 1.800.909.2828

Billing Information (Please type or print)

Business Name as it should appear on account		Customer#
Full Legal Business Name	Business Phone Number ()	Business Fax Number ()
Delivery Address (cannot be PO Box)	Optional Phone Number ()	Email Address
City	State	Zip Code
Billing Address (if different from above)		
City	State	Zip Code

Business Credit Information

Principal(s) authorized Officer(s)		Title(s)	
Person To Contact Regarding the Account	Title	Contact Phone Number ()	
Taxpayer ID Number (required)	In Business Since	Number of Locations	Annual Sales
Business License Number	Issuing State	DUNS Number	Desired Credit Limit
Seller's Permit Number	Issuing State	Business Type (please circle one) Acupuncturist Herbalist Medical Doctor Chiropractor Wholesaler Retail	
Professional License No. (if applicable)	State	Store Pharmacy Manufacturer Other (please specify) _____	

Bank References

Name	Contact Name	Your Acct No.	
Phone Number ()	Fax Number ()	Email Address	
Address	City	State	Zip

Business References

Name	Contact Name	Your Acct No.	
Phone Number ()	Fax Number ()	Email Address	
Address	City	State	Zip
Name	Contact Name	Your Acct No.	
Phone Number ()	Fax Number ()	Email Address	
Address	City	State	Zip
Name	Contact Name	Your Acct No.	
Phone Number ()	Fax Number ()	Email Address	
Address	City	State	Zip

By signing below you certify that the information provided in this application is true and correct, you are authorized to sign on behalf of the application and you agree to be bound by the terms and conditions associated with this application.

Signature of Authorized Officer	Print Name	Title	Date
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Do not write below-For office use only

NT	CL	AS	D	CS#
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**** please note that approval may take between 1-3 weeks depending upon creditors response.**

Upon approval you will receive a letter indicating credit terms and limit.

Thank you for choosing Mayway

CREDIT RELEASE AUTHORIZATION

COMPANY NAME: _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

Dear Sirs:

We have provided you as a business reference to Mayway Corp. Mayway Corp. is hereby authorized to verify our credit standing, account information and account balances with you. Your cooperation is greatly appreciated.

Thank you,

Signature

Date

Print Name

Title