



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. Please complete the form, sign and return by mail, fax, or email to accounting@mayway.com.

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 Corporation

Credit Application

Please send/fax/email completed forms to:

Mayway Accounting Dept.

1338 Mandela Parkway, Oakland, CA 94607

Tel 1.800.262.9929 Fax 1.800.909.2828

accounting@mayway.com

Company Information (Type or Print)				
Business Name as it should appear on account			Customer#	
Full Legal Business Name		Telephone	Fax	
Delivery Address (cannot be PO Box)		Website	Email Address	
City		State	Zip Code	
Billing Address (if different from above)				
City		State	Zip Code	
Business Information				
Principal(s) authorized Officer(s)			Title(s)	
Person To Contact Regarding the Account		Title	Telephone	
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	
Professional License No. (if applicable)		State	Acupuncturist Herbalist Medical Doctor Chiropractor Wholesaler Retail Store Pharmacy Manufacturer Other _____	
Bank References				
Bank Name	Phone Number	Fax Number	Contact	Checking Acct. No.
Bank Address	City		State	Zip Code
Business References				
Company		Your Acct No.	Contact Person	
Contact Telephone	Fax Number		Email Address	
Address		City	State	Zip
Company		Your Acct No.	Contact Person	
Phone Number	Fax Number		Email Address	
Address		City	State	Zip
Company		Your Acct No.	Contact Person	
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
For office use only				
NT	CL	AS	D	CS#

**** please note that approval may take between 1-3 weeks depending upon creditors response.**

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

Thank you for choosing Mayway