



## Customer Setup & Credit Limit Form

### CONTACT INFORMATION

|                                 |       |                   |       |
|---------------------------------|-------|-------------------|-------|
| BUSINESS NAME:                  | _____ | APPLICATION DATE: | _____ |
| PARENT COMPANY (IF APPLICABLE): | _____ | TAX ID #:         | _____ |
| STREET ADDRESS:                 | _____ |                   |       |
| DATE BUSINESS STARTED:          | _____ | # OF STORES:      | _____ |
| OWNER'S NAME:                   | _____ | OWNER'S PHONE #:  | _____ |
| BUYER'S NAME:                   | _____ | BUYER'S EMAIL:    | _____ |
| STORE PHONE #:                  | _____ | OTHER PHONE #:    | _____ |

### BILLING INFORMATION

|                           |       |                |       |
|---------------------------|-------|----------------|-------|
| ACCOUNTS PAYABLE CONTACT: | _____ | PHONE #        | _____ |
|                           |       | EMAIL ADDRESS: | _____ |
| BILLING ADDRESS:          | _____ |                |       |
|                           | _____ |                |       |

### PAYMENT TERMS/CREDIT LIMIT

Upon completion and acceptance of this application, Ayr Wellness is prepared to offer the following terms arrangement:

PAYMENT TERMS: **NET 30** \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_

At the discretion of Ayr Wellness, adjustments may be made to the Credit Limit on or after 60 days of consistent payments.

## CUSTOMER AUTHORIZATIONS

**CREDIT:** Ayr Wellness, in its sole discretion, will assign Applicant a maximum credit line and shall have the right to increase, decrease, or terminate Applicant's credit privileges under this Application at any time.

**INVOICES:** Payment to Ayr Wellness shall be made pursuant to the terms set forth in this agreement and Applicant agrees to pay all charges according to the invoice. The entire outstanding balance on all invoices shall become due to Ayr Wellness in full immediately when any invoice becomes past due.

**INTEREST:** Applicant agrees to pay interest in the amount of \_\_\_\_\_ % per month, or the highest rate permitted by law, whichever is less, on any payment past due, pursuant to the terms set forth in this agreement until each invoice is collected.

**AUTHORIZATION TO RELEASE INFORMATION:** Applicant authorizes Ayr Wellness to perform any credit checks, which includes, but is not limited to, contacting credit reporting agencies, bank references and trade references listed in this application, to ascertain the Applicant's and its principals and its guarantors credit history and current credit status.

**WAIVER:** The failure of Ayr Wellness to insist, in any one or more instances, on performance of these terms and conditions or under any invoice, or to exercise any right hereunder or under the invoice, is not a waiver of the future performances of any terms, covenant, condition, or the future exercise of such right.

**EXPENSES OF ENFORCEMENT:** The undersigned agrees to pay all collection costs, court costs, and legal fees incurred by Ayr Wellness to collect delinquent balances.

I understand that this document represents a good faith commitment to do business. I certify that all the information supplied on this application is correct.

I understand that late or non-payment may cause the termination of our relationship. I understand I am required to provide Form ST-4, resale certificate, Form 5000A or the state's equivalent to Ayr Wellness on an annual basis. Additionally, for cash payments or related payments over \$10,000, IRS Form 8300 will be issued on the Applicant's behalf.

AUTHORIZED SIGNATURE:

\_\_\_\_\_

TITLE:

\_\_\_\_\_

PRINTED NAME:

\_\_\_\_\_

DATE:

\_\_\_\_\_

### Ayr Wellness USE ONLY

**WHOLESALE APPROVAL:**

\_\_\_\_\_

**DATE APPROVED:**

\_\_\_\_\_

**FINANCE APPROVAL:**

\_\_\_\_\_

**DATE APPROVED:**

\_\_\_\_\_