

BULK PRODUCT APPLICATION (BPA)

Thank you for your interest in Natural Immunogenics. In order to set up your account, please complete the following information:

Company Information & Bulk Use Identification

Describe the products you manufacture, uses for our product as an added ingredient, and any uses of our product in your manufacturing:

Billing Information

Business Name:

Owner Name:

Bus Address:

Buyer Name and Contact:

City/State/Zip:

Website:

Email:

Phone:

Is the billing address the same as the shipping address?

Accounting Name and Contact:

Yes No

Shipping Address (if different from billing address)

Name:

City/State/Zip:

Shipping Address:

Phone:

Company Information

Federal Tax ID#:

Resale License #:

Yrs. in Business:

What are the primary products your company offers?

Have you previously had an account with Natural Immunogenics? Yes No

Payment Information: all orders must be prepaid unless approved in advance. ACH is available/preferred.

BPA Agreement

By signing below, I acknowledge the above is correct and factual. I understand that completion of this form does not guarantee a Natural Immunogenics' account will be set up for my business.

I acknowledge that I will only use the bulk product provided as an added ingredient in the product(s) identified above, and will in no way sell the product in any other manner than as the ingredient identified above, including resale. As well, no claims or advertising our product or product use is allowed without prior written confirmation from Natural Immunogenics Corp. Failure to fully comply with all Natural Immunogenics' policies will result in termination of the business relationship and closure of my account as well as possible ramifications.

Signature:

Print Name & Title:

Date:

