



Business Information

Name of Business _____

Name of Owner _____

Physical Address _____

City _____ State _____ Zip _____

Billing Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email _____ Website _____

Business License # _____ This information must be submitted with the application in order to complete the approval process.

Briefly Describe Your Business _____

How did you hear about Nutritional Resources? _____

Other Comments _____



INITIALS

Statement of Resale Certificate

I certify that purchases from Nutritional Resources are for resale purposes and that I, the buyer, am a merchant engaged in the business of wholesaling and/or retailing.

I further certify that if any product purchased tax-free is used or consumed other than for the purpose of wholesale/retail, that I, the buyer, will pay the tax due directly to the proper taxing authority. This certificate shall apply to each order hereinafter given to Nutritional Resources and shall be valid until canceled by me in writing or revoked by the city or state.

I declare under the penalties of false statement that this certificate has been examined by me and is a true and complete certificate.

Authorized Signature _____ Print Name _____

Title _____ Date _____