



220 Parker Street, Warsaw, IN 46580 • EMAIL: info@nutritionalresources.com • FAX: 574-318-0414

Business Name _____

Your Name _____

Email _____

Business Street Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____ **Website** _____

Retail Certificate # _____

Please include a copy of this certificate with your application. Depending on the state you live in, it can also be called a reseller's permit, reseller's license, reseller's certificate, resale license, sales tax ID or sales tax permit.

How do customers purchase from you?

- Store Location (walk-in customers)
- Phone
- Website
- Other _____

Select the products you plan on purchasing from Nutritional Resources.

- Liquid Herbs
- Flower Remedies
- Essential Oils
- Enzymes
- Reams Products
- Homeopathics
- C-Herb (and related products)
- Books and Charts
- intraMAX (and related products)
- Other Products _____

Are you certified as any of the following practitioners?

- Acupuncturist
- Athletic Trainer
- Chiropractor
- Dietitian/Nutritionist
- Dentist
- Osteopath
- Medical Doctor
- Massage Therapist
- Naturopathic Doctor
- Pharmacist
- Registered Nurse
- Psychiatrist
- Psychologist
- Other Practitioner _____

Do you have at least a 4-year degree for the profession(s) selected above? Yes No

Are you a graduate of Trinity School of Natural Health? Yes No

How did you hear about Nutritional Resources? _____

Additional Comments _____

Would you like to receive emails from Nutritional Resources? Yes No

Emails will let you know about any special deals and our weekly Free Friday promotion.

I certify by signing below that purchases from Nutritional Resources are for resale purposes only and that I, the buyer, am a merchant engaged in the business of retail sales.

I declare under penalty of false statement and cancellation of my account with Nutritional Resources that this application has been completed by the individual signing below and all provided information is true, accurate and complete.

Authorized Signature _____ **Print Name** _____

Title _____ **Date** _____