

UNJURY[®] BRANDS



WHOLESALE ACCOUNT SET-UP FORM

We want to thank you for your interest in UNJURY Protein and OPURITY Vitamins. To set up a wholesale account, please fill in the information below and email the form back to your UNJURY representative along with any other requested documents.

UNJURY Representative: _____ Phone: _____ Email: _____

GENERAL INFORMATION

Company Legal Name: _____

Facility Name (if different): _____ Federal ID#: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Special Instructions (ie: Attn: Dietary, Mailstop 22A...): _____

Purchasing Contact: _____ Job Title: _____

Phone Number: _____ Email: _____

A/P Contact: _____ Fax Number: _____

Phone Number: _____ Email: _____

Type of Business: _____

Website Address: _____

How did you hear about us? Advertisement E-mail Customer Inquiry Other _____

ADDITIONAL DOCUMENTS REQUESTED: Please include a copy of your Sales Tax Exemption Form

PAYMENT TERMS

Preferred Terms – Check One

- **CREDIT CARD AT TIME OF PURCHASE** Visa MasterCard Discover American Express
Credit Card #: _____ Expiry: _____ Security Code: _____
Billing Name/Address for credit card if different: _____

➤ **INVOICING WITH NET 30 DAYS-**

Preferred invoicing method: Email to AP Fax Mail to Bill to

**Name at least 1 company/organization that can verify credit/payment history:

Company: _____ Contact: _____ Phone: _____



UNJURY
www.UNJURY.com
Service@UNJURY.com



opurity
www.OPURITY.com
Service@OPURITY.com

**Contact us for
more information**
Toll-free 800 517 5111
9AM - 5:30PM EST

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SHIPPING DETAILS

Palletized Shipments

Are you able to receive palletized shipments? _____

If yes, please provide answers to the questions below:

- Is your facility tractor trailer accessible? _____
- Do you have a loading dock or will a lift gate be needed? _____
- Are delivery appointments required? _____
 - If yes, please explain this process:

- If we receive an order that is eligible for pallet shipping, should we automatically ship via pallet or should we contact your facility each time? (Note: A request to contact may result in a slight delay in shipping your order.) _____

- If contact prior to shipping is required, please provide the following information:
 - Contact First and Last Name: _____
 - Phone Number: _____
 - Email Address: _____

Receiving Department Contact Information

First and Last Name: _____

Phone Number: _____

Email Address: _____

Everything stated above is correct and complete. UNJURY Protein and OPURITY Vitamins is authorized to investigate the information stated above to verify the financial condition of the applicant company. All costs of collections will be debtor's responsibility, should collection costs be necessary. I understand that resale of this product online is prohibited. I am duly authorized to execute this application on behalf of the applicant.

Signed: _____ Date Signed: _____

FOR INTERNAL USE ONLY

Patient Population: Bariatric: Gastric Bypass/Sleeve Lap Band Renal Diabetes Wound Senior Surgery Sports Weight Loss Pregnancy Oncology Other _____

Reason for Purchase: Retail Distribution Patient Use Hospital Pharmacy Charitable Religious organizations Other _____

UNJURY Rep
Initial & Date:

Wholesale requestor: _____ Email: _____ Phone: _____



UNJURY[®]
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**Contact us for
more information**
Toll-free 800 517 5111
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