



W229 N1680 Westwood Drive Waukesha, WI 53186 P(262)650-9000 F(262)650-9988  
www.sndonline.com applications@sndonline.com

## ACCOUNT APPLICATION

**\*This application must be filled out completely in order to establish an account\***

In order for Super Natural Distributors to properly open and maintain your account records, it is necessary that the following information be completed in detail, and the proper signatures affixed.

Business Name: \_\_\_\_\_

We Operate As: \_\_\_\_\_

Shipping Address:

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is Shipping Address Residential: Yes No

Special Delivery Information (if any): \_\_\_\_\_

In circumstances your order ships LTL, do you have a loading dock? Yes No

Do you Sell Products Online: Yes No

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Website(s): \_\_\_\_\_

Year Established: \_\_\_\_\_

State Resale #: \_\_\_\_\_

Fed. ID #: \_\_\_\_\_

**Please include a copy of your state resale certificate with your tax ID # on it with application.**

Corp: \_\_\_ Co-Partnership: \_\_\_ LTD Partnership: \_\_\_ LLC: \_\_\_ Sole Proprietor: \_\_\_ Other: \_\_\_

## PRINCIPAL OFFICERS/OWNERS

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

How did you hear about Super Natural Distributors? \_\_\_\_\_

## ACCOUNT BUSINESS REFERENCES

Please List your Primary Sources of Supply:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Account #: \_\_\_\_\_  
Contact: \_\_\_\_\_ Terms: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Account #: \_\_\_\_\_  
Contact: \_\_\_\_\_ Terms: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Account #: \_\_\_\_\_  
Contact: \_\_\_\_\_ Terms: \_\_\_\_\_

## ACCOUNT BANK REFERENCE

Bank Branch: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ Account #: \_\_\_\_\_  
Email: \_\_\_\_\_ Contact: \_\_\_\_\_

## AGREEMENT

Our firm is financially able to meet any commitments we have made, will pay our invoices according to your terms, and verify that the above information is true and correct. We hereby grant permission for any person to furnish Super Natural Distributors with any and all information, which may be periodically requested. We understand that all credit terms are at your discretion, can be terminated, altered, or denied without notice or cause, and that all past-due accounts accrue interest at 1½ % per month (max of 15% in NY) on the declining balances. We agree to pay all legal fees and collection costs in the event of a delinquency.

Business Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

The Undersigned, \_\_\_\_\_, hereby guarantees full performance and payment by the business shown on the application of all of the covenants and conditions contained in the Agreement, as well as the payment of all the liabilities and obligations hereinabove set forth, without deduction for any claim or setoff or counterclaim which he/she may have against Seller or Creditors of Seller. The obligation of the undersigned is primary and unconditional, including in the event that the undersigned is placed with a law firm or collection agency, the undersigned will be liable to reasonable collection fees and/or legal costs.

Business Name: \_\_\_\_\_ Signature Only: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

I have read and reviewed Super Natural Distributor's Ordering Information and Damages, Credits, & Return Policies (available in the print catalog and online) and understand that these policies are subject to change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax or email completed application to [applications@sndonline.com](mailto:applications@sndonline.com). Also, keep one copy of this application for your records and mail the original to Super Natural Distributors.**