

New Account Application

Super Natural Distributors | W229 N1680 Westwood Dr | Waukesha, WI, 53186
 applications@sndonline.com | Phone (262) 650-9000 | Fax (262) 650-9988



Please complete this form and return via fax, email, or mail to above addresses

Date:	<input type="text"/>	Store Name:	<input type="text"/>		
Store Phone #:	<input type="text"/>	DBA:	<input type="text"/>		
Alternate Phone or cell:	<input type="text"/>	Shipping Address:	<input type="text"/>		
Website:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>
Dedicated Fax #:	<input type="text"/>	Alternate Address: (Bill-To, if necessary):	<input type="text"/>		
Year Est:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>

Fed I.D. #	<input type="text"/>	Resale Tax #	<input type="text"/>
------------	----------------------	--------------	----------------------

Attach copies of these certificates

Contact Name	ext.	Email	Title (Ex: Buyer or Accounts Payable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Retail Account (Select all that apply) <input type="checkbox"/> Brick & Mortar/Independent Retailer <input type="checkbox"/> Corporate/Chain Retailer <input type="text"/> # of stores <input type="checkbox"/> Pharmacy <input type="checkbox"/> Medical Practitioner <input type="checkbox"/> Mail Order <input type="checkbox"/> Website/Online Retail	Payment Preference <input type="checkbox"/> ACH <input type="checkbox"/> Net/Terms <input type="checkbox"/> Pre Pay <input type="checkbox"/> Credit Card (Processing fees apply) <input type="checkbox"/> Wire Transfer	Shipping Information Do you accept pallets? <input type="checkbox"/> Y <input type="checkbox"/> N Do you have a receiving dock? <input type="checkbox"/> Y <input type="checkbox"/> N Do you need Lift Gate Service? <input type="checkbox"/> Y <input type="checkbox"/> N Do you need Inside Delivery? <input type="checkbox"/> Y <input type="checkbox"/> N Is an appointment required? <input type="checkbox"/> Y <input type="checkbox"/> N Is location in a residential area? <input type="checkbox"/> Y <input type="checkbox"/> N Is location in an extended service area? <input type="checkbox"/> Y <input type="checkbox"/> N Some of the above services may incur additional service fees Receiving Hours <input type="text"/>
--	---	--

We can now offer the following services through your e-mail. If you would like this, please fill out the 3 fields below:

Invoices E-mail to:	<input type="text"/>	Statements E-mail to:	<input type="text"/>	Tracking info E-mail to:	<input type="text"/>
---------------------	----------------------	-----------------------	----------------------	--------------------------	----------------------

Store Owner's/Officer's Information

Owner or Officer's Name:	<input type="text"/>	Title:	<input type="text"/>
Form completed by:	<input type="text"/>	Title:	<input type="text"/>

Agreement
 I have read and accept Super Natural Distributor's Ordering Information and Damages, Credits, & Return Policies (available in the print catalog and online). Initials

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. Initials

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. Initials

How did you hear about Super Natural?

For Payment Options or Billing Questions please contact Accounts Receivables at Ext 3016

By typing your name on this form, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. You further agree that you are an Owner or Officer of the Retail Applicant with authorization to be legally bound by this Agreement's terms and conditions.	Signature	<input type="text"/>
	Name	<input type="text"/>
	Title	<input type="text"/>

ACCOUNT BUSINESS REFERENCES

Please List your Primary Sources of Supply:

Name: _____ Phone: _____

Address: _____ Fax: _____

_____ Email: _____

Acct #: _____ Terms: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

_____ Email: _____

Acct #: _____ Terms: _____

Name: _____ Phone: _____

Address: _____ Fax: _____

_____ Email: _____

Acct #: _____ Terms: _____

ACCOUNT BANK REFERENCE

Bank Branch: _____ Phone: _____

Address: _____ Fax: _____

_____ Account #: _____

Email: _____ Contact: _____