

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/other business name (list all):	<input type="text"/>		
Alternate Phone or cell:	<input type="text"/>	Shipping Address:	<input type="text"/>		
Website:	<input type="text"/>	City:	State:	Zip:	<input type="text"/>
Dedicated Fax #:	<input type="text"/>	Alternate Address: (Bill-To, if necessary):	<input type="text"/>		
Year Est.:	<input type="text"/>	City:	State:	Zip:	<input type="text"/>

Fed I.D. #	<input type="text"/>	or Resale Tax #	<input type="text"/>
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We will need copies of these certificate/s

Buyer's Name	ext.	Email	Category
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Retail Account (Select all that apply)	Payment Preference	Shipping Information	Y	N
<input type="checkbox"/> Brick & Mortar/Independent Retailer	<input type="checkbox"/> ACH	Do you accept pallets?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Corporate/Chain Retailer <input type="text" value="# of stores"/>	<input type="checkbox"/> Net/Terms (with approved credit ap)	Do you have a receiving dock?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Pre Pay	Do you need Lift Gate Service?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medical Practitioner	<input type="checkbox"/> COD	Do you need Inside Delivery?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mail Order	<input type="checkbox"/> Wire Transfer	Is an appointment required?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Website/Online Retail		Is location in a residential area?	<input type="checkbox"/>	<input type="checkbox"/>
		Is location in an extended service area?	<input type="checkbox"/>	<input type="checkbox"/>
		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"/>
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Store Owner's/Officer's Information

Owner or Officer's Name:	<input type="text"/>	Title (if not owner):	<input type="text"/>
Form completed by:	<input type="text"/>	Title (if not owner):	<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 1 1/2 % 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"/>