

# NATURE'S CURES NEW ACCOUNT APPLICATION

## PRACTITIONER BRANDS



## ALSO AVAILABLE



## PRACTITIONER INFORMATION

Practitioner Name: \_\_\_\_\_ Professional Title: \_\_\_\_\_

(i.e. MD, ND, DC, LAc, DO, RN, PhD, etc)

Name of Clinic/Buyer: \_\_\_\_\_

**IMPORTANT:** In order to process your application, please complete and submit this form along with a copy of your **State Practitioner's License** or **Professional Certificate** to: (Email) [naturescures@ecobean.com](mailto:naturescures@ecobean.com) or (Fax) 800-215-0999  
Should you need assistance or have any questions, please contact our Customer Service Department at 866-272-0500

## REFERRAL INFORMATION

How did you learn about the Nature's Cures collection of brands?

- Tradeshow/Seminar: \_\_\_\_\_ (Event) \_\_\_\_\_ (Location) \_\_\_\_\_ (Date)
- Professional School    Professional Colleague    Sales Representative
- Publication: \_\_\_\_\_    Website: \_\_\_\_\_

## ACCOUNT INFORMATION

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Website: \_\_\_\_\_ Office Hours: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Primary Contact Person: \_\_\_\_\_

## PAYMENT OPTIONS

We accept payment by credit card



## UNIFORM SALES & USE TAX CERTIFICATE

I certify that the buyer listed above is engaged as a (check all that apply): ( ) Retailer ( ) Wholesaler ( ) Other (specify): \_\_\_\_\_

and is registered with the below listed state(s) within which seller would deliver purchases to buyer and that any such purchases are for wholesale or resale, to be resold in the normal course of business and that buyer is in the business, among other things, of wholesaling or retailing dietary supplements, cosmetics, foods or similar products, which are the types of tangible property to be purchased from the seller.

State Registration, Seller Permit, or ID # of Buyer: \_\_\_\_\_ State(s): \_\_\_\_\_

I further certify that if any property or service so purchased tax free is used or consumed by buyer as to make it subject to a Sales or Use Tax, buyer will pay the tax due directly to the proper authority when state law so provides or inform the seller for added tax billing. This certificate shall be a part of each order which buyer may hereafter give to seller, unless otherwise specified, and shall be valid until canceled by buyer in writing or revoked by city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter. I also agree to provide updated information if my license status changes. I agree to be responsible for all amounts owing for any orders on my account including costs of collection and attorney's fees and that all sales are subject to Company's Terms and Conditions of Sale.

Disclaimer: Healthway Corporation reserves the right, in its sole discretion, to determine which customers may purchase its products, and what selection of combination of products, if any, are available to each approved customer. Healthway Corporation also reserves the right, in its sole discretion, to sell to any party, to refuse to sell to any party, or to cease selling to any party.

I certify that I have read and accept the above and that the information provided above is complete and accurate.

Buyer Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_