

NEW ACCOUNT APPLICATION

Account Name: _____

Type of Account: (Please check one) ___Retail store ___Physician/practitioner ___Online

Shipping Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Fax No.: _____

Email Address: _____

Website: (required for online retailers) _____

Contact Person: _____

Federal ID or SS#: _____ Seller's Permit No.: _____

TERMS OF PAYMENT:(Please furnish your credit card information even for COD accounts.)

CREDIT CARD: _____

Credit Card No.: _____ Exp. Date: _____

This is an authorization of ongoing automatic charges to our account by your company. By signing below, I acknowledge charges described hereon.

COD: _____

Credit Card No.: _____ Exp. Date: _____

This is to authorize JFI to only process the credit card in case of return check (deposited 2nd time) or delinquent account.

BILLING ADDRESS: (If same as above check here:) If NOT, please fill: _____

Signature of Card Holder (REQUIRED FOR ALL APPLICATIONS) Name of Card Holder

Terms are not available to new customers with less than five (5) orders in good standing.

PERSON RESPONSIBLE FOR PAYMENT (If Business is Sole Proprietorship)

Name: _____

Billing Address: _____

Email Address: _____

Business Phone No.: _____

Personal Phone No.: _____

ACCOUNTS PAYABLE DEPT. INFORMATION(If Business is a Partnership or Corp.)

Contact Person: _____ Phone No. (ext.): _____

The undersigned individual or officer declares the above information to be true and correct.

Signature: _____ **Date:** _____

Print Name: _____

Please Note: After you have signed the above as the Responsible Party this form must be scanned/e-mailed, faxed or mailed to Jarrow Formulas, Inc. to complete this application.

For JFI use ONLY, customer do not fill out this section:

Initial Order Info.: Inv.# _____ Amt: _____ Date Shipped: _____

Cust. Number: _____ Packet Date: _____