



Wholesale Customer Application Form

Nutritional Resources • 220 Parker St. Warsaw, IN 46580
PHONE: 800-867-7353 • FAX: 574-268-2120
EMAIL: customerservice@nutritionalresources.com
WEBSITE: www.nutritionalresources.com

Name of Business:		
Name of Owner:		
Physical Address:		
City:	State:	Zip:
Billing Address:		
City:	State:	Zip:
Phone:	Fax:	
Email Address:	Website:	
Business License #: (A copy of your business license must be submitted with this application in order to complete the approval process)		
Briefly describe your business:		
How did you hear about Nutritional Resources?		
Other Comments:		

Statement of Resale Certificate

I certify that purchases from Nutritional Resources are for resale purposes and that I, the buyer, am a merchant engaged in the business of wholesaling and/or retailing.

I further certify that if any product purchased tax-free is used or consumed other than for the purpose of wholesale/retail, that I, the buyer, will pay the tax due directly to the proper taxing authority. This certificate shall apply to each order hereinafter given to Nutritional Resources and shall be valid until cancelled by me in writing or revoked by the city or state.

I declare under the penalties of false statement that this certificate has been examined by me and is a true and complete certificate.

Authorized Signatory
(Owner, Partner, Officer): _____

Title: _____ Date: _____