



### New Account Application Form

**P.O. Box 1008  
Sandy, Utah 84091  
Phone: 801-816-9241  
Fax: 801-571-0280  
www.barlowherbal.com**

#### Business Information

Company Name: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Federal Tax ID# \_\_\_\_\_  
Resale# (Utah Customers Only) \_\_\_\_\_

#### Billing Address

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Fax # \_\_\_\_\_ email \_\_\_\_\_  
Attn: \_\_\_\_\_

#### Shipping Address

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Attn: \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_  
Name on credit card \_\_\_\_\_

Credit card information must be provided. Purchase via credit card is recommended however 30 day terms are available. Your credit card will only be billed if your account is not paid within 15 days of due date.

Applicant's signature attests financial responsibility and willingness to pay our invoices, fees and financial charges in accordance with our terms. All information provided and contained herein will be used for internal purposes only unless otherwise authorized by you. By signing, you warrant that the information provided by you is true and correct. A faxed copy of this application shall have the full force and effect of an original. You agree that all businesses owned or operated by your company, at any location, are bound by this agreement.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date