



PLEASE COMPLETE THIS FORM AND FAX TO 1-877-905-8859, OR EMAIL TO INFO@WILLOWBIRCH.COM

BUSINESS CONTACT INFORMATION

Company Name:

Phone:

Fax:

Web address:

Address:

City:

State:

ZIP Code:

Is your company required to have State and/or FDA licensing? (if either box checked, attach permit copies)

PURCHASING – AUTHORIZED PURCHASER CONTACT(S)

Name:

Title:

Phone:

Email:

Name:

Title:

Phone:

Email:

Name:

Title:

Phone:

Email:

ACCOUNTING:

Name:

Title:

Phone:

Email:

Name:

Title:

Phone:

Email:

BUSINESS/TRADE REFERENCES

Company name:

Acct #:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Acct #:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Acct #:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

By submitting this application, you authorize Willow Birch Pharma to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature:

Signature:

Title:

Title:

Date:

Date: