



## SYNERGY BLENDS PROFESSIONAL ACCOUNT APPLICATION

Thank you for your interest in becoming a Synergy Blends Professional Account. If you agree with the terms listed below, please fill out the application form, print, sign and fax the completed form to us at **630.529.3429**.

If you have additional questions, please refer to the "Contact" page of our website for phone numbers and email links. Our terms are as follows:

- 1) You must be a licensed doctor, chiropractor, pharmacist or retail facility.
- 2) You will retail Synergy Blends products at (and not lower than) the price set by Synergy Blends.
- 3) There will be no discounts on the Synergy Blends line.
- 4) Payment method is pre-payment with check or credit card.
- 5) Along with this application, you will fax your resale tax certificate to Synergy Blends.
- 6) Synergy Blends reserves the right to discontinue service at any time.

Business Name:	_____		
Practitioner Name:	_____		
State License No.:	_____		
State Tax ID No.:	_____		
Street Address:	_____	Unit No.:	_____
City:	_____		
State:	_____	Zip:	_____
Telephone:	_____	Fax:	_____
Email Address:	_____ (This will be your user name)		
Payment Method:	Check: <input type="checkbox"/>	Credit Card: <input type="checkbox"/>	
Credit Card Acct No.:	_____	Exp Date:	_____
Authorized Signature:	_____		
Desired Password:	_____ (Must be min of 8 characters)		

I have read and agree to the terms of this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_