



Washington Homeopathic Products, Inc.

Homeopathic Excellence Since 1873

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Berkeley Springs, WV 25411

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To Prospective Customers: Please complete this application in order to establish a professional account. A copy of your state license and signature are required (must be signed by an owner and/or authorized representative).

Business Name: _____

Years in Business: ____ Type of Business: Retail _____ Practitioner _____ Distributor _____ Other _____

Attach Copy of License: Retailers, Distributors: State Sales Certificate
Practitioners, Pharmacies, Manufacturers: State license

Billing Contact Information

Person to Contact: _____

Street: _____

Phone: _____

Suite/PO Box: _____

Fax: _____

City State ZIP _____

Email: _____

Preferred Method of Payment:

A: Credit Card: MasterCard or Visa required upon first order

OR

B: 30 Day Credit: please attach at least 2 credit references

The above information is submitted for the purpose of obtaining credit. Signer authorizes Washington Homeopathic Products, Inc. to make inquiries as are necessary to obtain credit information and authorizes their bank and/or suppliers to release information regarding those account(s).

Return Check/Credit Card Charge-Back Policy: Returned checks & credit card charge-backs must pay a service fee of \$10.00 per occurrence.

Terms: All payments are due 30 days from date of invoice. Accounts past due will automatically receive a finance charge of 1.5% per month, computed at a periodic rate of 1.5% or an annual rate of 18%. In the event this account becomes delinquent, all written and verbal communication will be an attempt to collect the debt.

Signature attests financial responsibility and willingness to pay invoices according to the terms established by Washington Homeopathic Products, Inc.

Signature: _____ Title: _____ Date: _____