

ACCOUNT REGISTRATION FORM

Washington Homeopathic Products, Inc.

33 Fairfax Street, Berkeley Springs, WV 25411 Fax (toll-free): 877-286-0601
Phone: 800-336-1695 E-mail: info@homeopathyworks.com

To Prospective Customers:

Please complete this application in order to establish a professional account. A state license copy and signature (of owner and/or authorized representative) are required.

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

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Billing Information:

Address:

_____ Phone: _____
_____ Fax: _____
_____ E-mail: _____

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Preferred Method of Payment:

A: Credit Card: M.C., Visa, Discover _____ Exp. _____

OR

B: 30 Day Credit*: _____ *Please attach at least 2 credit references (including phone and fax numbers)

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 signer's bank and/or suppliers to release information regarding those account(s).

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

Terms: All invoices 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: _____