



New Account Application

Account Name: _____
Type of Account: (Please check one) Retail Store Online Store Physician/Practitioner
Shipping Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Contact(s): _____
Email: _____ Website (required for online retailers): _____
Tax ID: _____ Seller's Permit: _____

PAYMENT TERMS: (ALL FIRST ORDERS MUST BE PAID BY CREDIT CARD, C.O.D., OR PREPAID. NO EXCEPTIONS)

CREDIT CARD:

NAME ON CARD: _____

CARD #: _____ EXP. DATE: _____

This is authorizing Paradise® to automatically charge to your account when orders are placed. By signing below, I agree to these terms.

C.O.D. ACCOUNTS: please provide credit card information. Card will only be charged if check is returned or account is delinquent. By signing below, I agree to these terms.

BILLING ADDRESS: (IF SAME AS ABOVE, MARK HERE _____) IF NOT, PLEASE PROVIDE:

Signature of cardholder (**REQUIRED**): _____

Please note: Terms are not available to new customers until application is approved. Please allow 60-90 days for approval.

ACCOUNTS PAYABLE INFORMATION:

Contact Person: _____ Phone: _____ Ext: _____

BY SIGNING BELOW YOU ARE CONFIRMING THAT ALL INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

Signature: _____ Date: _____

Print Name: _____

FOR REP USE ONLY:

Rep Assigned: _____ Territory: _____ Pricing: _____

FOR OFFICE USE ONLY:

Entered by: _____ Credit App. Rec'd: _____ Terms Granted: _____

Resale Cert. Rec'd: _____ License Rec'd: _____