



New Wholesale Account Setup

Please provide all required information so that we can get your account set up to carry NATURE'S MILLS.

Business Name *

DBA (Doing Business As)

Legal Business Name * i.e., LLC, CORP if different from above

Business Phone Number *

Website

Main Point of Contact/Title *

Preferred Contact Method * (Circle)

- CALL
- TEXT
- EMAIL

Enter Phone number or Email below for Preferred Contact Method. *

Email for Account





Email for Accounts Payable *

Tax ID #- Certificate of Authority *

By entering your Tax ID number, you are agreeing to purchase product for resale only in order to be eligible as a tax exempt purchaser. For more information visit the web address below:

https://www.tax.gov/pdf/current_forms/st/st120_fill_in.pdf

Delivery Address *

Address

City

State/Province

ZIP/Postal Code

Country

Delivery Entrance Specifics *(i.e. Enter through the side door, etc.)





Business Hours *

When can we deliver outside of your regular Business Hours? *

Notification needed when driver has arrived on site/en-route? *

Billing Address * (If different from shipping address)

Address

City

State/Province

ZIP/Postal Code

Country

How are you looking to carry NATURE'S MILLS? * (Circle)

- Wholesaler to Retailer(s)
- Broker to Retailer(s)
- Retail Distribution (Independent | Chain)
- Foodservice Operations
- Both (Wholesale & Foodservice)





If you will be offering our products at retail, we can offer additional marketing through NATURE'S MILLS Banded POS merchandising materials, retail promotional incentives and branded shippers.

Yes

No

Other

What Distributors do you work with? *

Other Information Pertaining to the Distributor (i.e., contact information, who to contact, etc.)

Please feel free to include any additional information you'd like us to have in this section.





Accepted Payment Methods *

Please select one. (Circle)

- Cash
- Check
- Credit Card

Payment Terms *

Standard Terms are COD. Delivery will not be made without payment. To ensure you have no interruption of delivery, select Credit Card Authorization on file. Credit Card Authorization on file (MUST COMPLETE CREDIT CARD AUTHORIZATION BELOW) I will ensure payment is ready to be made at delivery.

Credit Card Authorization

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. Please notify us if the below information needs to be updated or changed at any point in time.

Card Type – (Circle)

- VISA
- MasterCard
- Discover
- AMEX
- Other

Cardholder Name | as shown on card

Card Number

Security Code (CVV)

4 digit code front of American Express or 3 digit code back of MasterCard/Visa

Card Expiration Date (mm/yy)





Cardholder Billing Address

Address

City

State/Province

ZIP/Postal Code

Country

I _____ authorize The KEELEN COMPANY | NATURE'S MILLS to charge my credit card above on the date of delivery for agreed upon purchases. *I understand that my information will be saved on file for future transactions on my account.*

Enter (Print) your name below

Enter (Sign) your Signature of Authorization Here

Delivery Days: (DSD Customers)

We deliver to each DSD zone once weekly. After you complete the set-up process we will let you know which day we deliver to your area.





Terms

An account (Wholesale | Broker | Distributor | DSD & Foodservice) will be established using the information provided on this form. It is the sole responsibility of the purchaser to store product properly, and no refunds or credits will be applied for improperly stored product(s) and/or product(s) past it's enjoy by date. Visit the Nature's Mills website (naturemills.com) to print and/or download all terms & conditions pertaining to sales, marketing and sales operations policies and procedures.

Any and all bank charges associated with bounced checks/ insufficient funds will be assumed by the payee. By signing below, I certify all information is true and correct to the best of my knowledge.

Signature * Signing below notes you have agreed to all terms and conditions.

Today's Date *

MM

DD

YYYY

I consent to having The KEELEN COMPANY | NATURE'S MILLS to store my submitted information

