

NEW ENROLLMENT FORM v.(04/06/11) (Please print/type legibly. An authorized person must sign.)



THRESHOLD
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Please complete this section

Today's Date-

<u>Retail Store</u>	<input type="checkbox"/>	<u>List All Web Addresses You Use For Sales</u>
<u>Health Care Prof</u>	<input type="checkbox"/>	
<u>Online Retail</u>	<input type="checkbox"/>	
<u>Online + Store</u>	<input type="checkbox"/>	
<u>Green Pharmacy</u>	<input type="checkbox"/>	
<u>Other</u>	<input type="checkbox"/>	
		<u>Corporate Name:</u>
		<u>DBA Name:</u>

PRODUCT SHIP TO ADDRESS		<u>Residential? Yes</u> <input type="checkbox"/>	Residential addresses are
Business NAME:		<u>Residential? No</u> <input type="checkbox"/>	shipped ground only
ADDRESS:			
CITY:	STATE:	ZIP:	PHONE #:
ATTENTION/TITLE:		FAX #:	E-MAIL:

<u>BILL TO ADDRESS (if different)</u>	<u>MAIL TO ADDRESS (if different)</u>
Business NAME:	Business NAME:
ADDRESS:	ADDRESS:
CITY: ST: ZIP CODE:	CITY: ST: ZIP CODE:
ATTN: PHONE #:	ATTN: PH#

OWNERSHIP INFORMATION (MUST BE COMPLETED IN ORDER FOR US TO DO BUSINESS WITH YOU)

<u>IF SOLE PROPRIETORSHIP YOUR SS# IS REQUIRED.</u>	<u>IF A PARTNERSHIP OR CORPORATION, A FED. EMP. ID # IS REQUIRED</u>
<input type="checkbox"/> SOLE PROPRIETORSHIP (OWNERSHIP)	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP/LLC <input type="checkbox"/> <--check a box
OWNER'S NAME:	Legal Business Name:
SS or Tax ID #	FED. EMP. ID #: <u>State of Corp/LLC</u> <input type="text"/>

PLEASE PRINT LEGIBLY: A minimum of two officers or partners must be listed, if applicable.

1) NAME-OWNER/OFFICE	TITLE:	SS#:	PHONE #
HOME ADDRESS:	CITY:	STATE	ZIP CODE:
2) NAME-OWNER/OFFICE	TITLE:	SS#:	PHONE #
HOME ADDRESS:	CITY:	STATE	ZIP CODE:

All new accounts approved for business may at Threshold Enterprises, Ltd.'s discretion begin with a \$2,000 credit limit and COD terms. By signing this enrollment form you agree to be bound by Threshold's Standard Terms and Conditions ("Terms"), which cover all sales by Threshold. A copy of the Terms can be found in our Price List (and may be updated in subsequent Price Lists), however the most current version of the Terms (and the one which will govern all transactions between you and us) is found on Threshold's website, www.ThresholdEnterprises.com. A copy of the Terms may also be obtained [without cost] upon request by fax, email or mail. All information provided by you and contained herein, including all attachments provided by you, will be used for internal purposes only unless otherwise authorized by you. By signing, you warrant that the information and attachments provided by you are true and correct and you authorize Threshold Enterprises, Ltd. and its agents to verify the information provided by you, to make inquiries of your references and to make credit checks with third party credit agencies. You agree that all businesses owned or operated by you and your company, at any location, are bound by this agreement. You agree to sell our products only through the above listed locations and websites ("authorized sites"), and any other locations or websites must be approved by us in writing. A faxed copy of this application shall have the full force and effect of an original.

Print Name _____ Authorized Signature of Responsible Party _____ Title _____ Date _____

FOR THRESHOLD'S INTERNAL USE ONLY:	SISTER STORE (S):	Cust #	New Acct Rep Approval
	TERMS REQUESTED: <u>COD</u> <u>NET 30</u>	Sales #	Off or CS Mgr Approval
			Sales Dir Approval