NEW ENROLLMENT FORM v.05.08 (Please print/type legibly. An authorized person must sign.)

THRESHOLD ENTERPRISES LTD.
23 Janis Way, Scotts Valley, CA 95066

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www.ThresholdEnterprises.com

For Internal Purposes
Cust. #:
Sales #:

APPLICANT, PLEASE COMPLETE THIS SECTION!
Today's Date:
Name/Title:
Phone #:
Fax #:

(CHECK ONE ONLY) ☐ Health Food Store ☐ Health Care Professional If Other ☐ (Please describe here.)

SHIP TO ADDRESS			RESIDENTIAL: YES ☐ NO ☐
ACCOUNT NAME:			
ADDRESS:			
CITY:	STATE:	ZIP:	PHONE #:
ATTENTION/TITLE:	FAX #:	E-MAIL	

BILL TO ADDRESS			MAIL TO ADDRESS		
ACCOUNT NAME:			ACCOUNT NAME:		
ADDRESS:			ADDRESS:		
CITY:	ST:	ZIP CODE:	CITY:	STATE	ZIP CODE:
ATTN:	PHONE #:		ATTN:	PH#	

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

IF SOLE PROPRIETORSHIP YOUR SS# IS REQUIRED.

☐ SOLE PROPRIETORSHIP (OWNERSHIP)

OWNER'S NAME:

SOCIAL SECURITY#:

IF A PARTNERSHIP OR CORPORATION, A FED. EMP. ID # IS REQUIRED

☐ PARTNERSHIP (GEN., LTD. or LLC.) ☐ CORPORATION

STATE OF: INCORPORATION or PARTNERSHIP

FED. EMP. ID #:

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

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

2) NAME-OWNER/OFFICER:	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 2008 Price List (and may be updated in subsequent Price Lists), however the most current version of the Terms (and the one which will govern any contract) is found on Threshold's website, www.ThresholdEnterprises.com. A copy of the Terms may also be obtained [without cost] upon request by fax or mail. All information provided by you and contained herein will be used for internal purposes only unless otherwise authorized by you. By signing, you warrant that the information provided by you is true and correct and 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. A faxed copy of this application shall have the full force and effect of an original. You agree that all businesses owned or operated by your company, at any location, are bound by this agreement.

Authorized Signature _____ Title _____ Date: _____

FOR THRESHOLD'S INTERNAL USE ONLY:

DATE: CUST # SALES #

RETAILER N/D? YES/NO AUTO B/O? YES/NO CALL BACK W/COD? YES/NO

SISTER STORE(S):

TERMS REQUESTED: SALES MGR. APP.

RBP (use codes)

SN ☐ PF ☐ PF sing. ☐ HR ☐

LN ☐ CP ☐ Vendor ☐