



Company Name: _____ Date Established: _____

D/B/A Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____ Web Site: _____

Accounts Payable Contact: Name: _____ Ph. #: _____

What is the primary nature of your business?

- Health Food Store Retail Distributor Health Care Professional Mail Order Other

Type of Business:

- Sole Proprietorship
 Corporation LLC Partnership (requires FEIN # _____) Other [explain]

Owners, Partners or Officers of Company:

Name _____ Title _____ Home Phone _____

Home Address _____

City _____ State _____ Zip _____

Name _____ Title _____ Home Phone _____

Home Address _____

City _____ State _____ Zip _____

Name _____ Title _____ Home Phone _____

Home Address _____

City _____ State _____ Zip _____

Is your business / store a subsidiary of any corporation or other entity? yes no

If yes, list full name and address of entity _____

State sales and use tax laws require us to obtain a completed resale tax exempt certificate form and a copy of your tax license and business or occupational license.

Sales Tax License Holders Agreement

Company Name:			
Business Name (dba):			
Mailing Address:			
City:	County:	State:	Zip:
Telephone:		Fax:	

Please check appropriate box:

	Document	Number	State	Expire Date
<input type="checkbox"/>	Sales Tax License			
<input type="checkbox"/>	Resale Exemption Certificate			
<input type="checkbox"/>	Professional License			

I certify that the above Sales Tax License and/or Resale Exemption Certificate is valid for the state of _____, **a photo copy is attached to this form.** I/we agree to adhere to the sales and use tax requirements in the State, County, and Local District in which I do business.

I further understand that I must collect and submit sales and/or use tax to the proper state and local authorities as required by the appropriate state and local laws, regulations, and ordinances.

In the event my claim of exemption is disallowed, I will reimburse Vital-Earth Minerals, LLC for the amount the State, County, City or Local District may require Vital-Earth Minerals, LLC to pay on my behalf.

I declare that the information contained on this form is true and correct to the best of my knowledge.

Printed Name: _____ Title: _____

Signature: _____ Title: _____ Date: _____

Please return all documents to

Vital Earth Minerals, LLC,
769 Valley Court, Grand Junction, CO 81505
OR
Email to: info@vitalearthminerals.com
Attn: New Wholesale Application