



## Herbs of Mexico

### Terms and Conditions for Opening a Wholesale Account

- We require that all prospective wholesale accounts be either a Retail Store (Grocery or Market), Health Food Store or a licensed Health Care Provider.
- All accounts seeking wholesale pricing, must submit a reseller's permit and application.

**~ All applications have a 3-7 day turn around time ~**

#### Directions on filling out the application:

- Fill out pages 2, 3 and 4 (page 4 the Resale Certificate)
  - Submit a copy of the store or professional license
- Applying for C.O.D. or Credit Card payment terms:
- Fill out page 2 and the Resale Certificate
  - Submit a copy of the store or professional license

Thank you for your interest in Herbs of Mexico.

If you have any questions regarding the application, please call customer service.

Best of Health,  
Herbs of Mexico

Herbs of Mexico, Inc. • 4133 Whittier Boulevard • Los Angeles, CA 90023

Phone: 323-261-2521 • Fax 323-269-8246



# Herbs of Mexico

## Herbs of Mexico Wholesale Application

Business Name \_\_\_\_\_ DBA \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Web \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of Corporate/Parent Company, if applicable \_\_\_\_\_

Mailing address of Corporate/Parent Company \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Application for:  Individual  Partnership  Corporation

List Names and Addresses of Corporate Officers, Partners or Owners:

~~Name Address Soc. Sec. # Phone Title~~

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Type of Business:  Market/Grocery  Health Food Store  Healthcare Professional

Pharmacy  Other \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone \_\_\_\_\_



## Herbs of Mexico

Preferred Payment Method:

- Credit Card: We accept Visa, MasterCard & Discover, American Express.
- ~~C.O.D. There is a charge of \$9.50 per order.~~
- ~~Net 30 day terms~~

The undersigned is an  Officer  Partner  Authorized Person thereof and is authorized to fill the application and to certify that the above statements are true.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### ~~BANK INFORMATION (for COD & terms)~~

~~Bank Name \_\_\_\_\_ Bank Contact \_\_\_\_\_ Account # \_\_\_\_\_~~

~~Bank Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_~~

~~I give Herbs of Mexico, Inc. permission to perform a credit inquiry on the above account for the following confidential information.~~



# Herbs of Mexico

## INDIVIDUAL PERSONAL GURANTEE

I, \_\_\_\_\_ residing at \_\_\_\_\_ for and in consideration of Herbs of Mexico extending credit at my request to: *Name of Company* \_\_\_\_\_ (hereinafter referred to as the "Company") of which I am \_\_\_\_\_ (*Title*), hereby personally guarantee to you the payment at Herbs of Mexico, Inc. in the State of California of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this GUARANTEE shall be a continuing and irrevocable GUARANTEE and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Printed Name of Witness \_\_\_\_\_ Address \_\_\_\_\_

## JOINT PERSONAL GUARANTEE

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ We, \_\_\_\_\_ and \_\_\_\_\_

Spouse/Partner residing at \_\_\_\_\_ for and in consideration of Herbs of Mexico, Inc. extending credit at my request to:

Name of Company \_\_\_\_\_ (*hereinafter referred to as the "Company"*)

of which \_\_\_\_\_ (*Name*) is \_\_\_\_\_ (*title*) hereby

personally guarantee to you the payment at Herbs of Mexico, Inc. in the State of California of any obligation of the Company and we hereby agree to bind us to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this GUARANTEE shall be a continuing and irrevocable GUARANTEE and indemnity for such indebtedness of the Company. We do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Witness \_\_\_\_\_ Printed Name of Witness \_\_\_\_\_

Address \_\_\_\_\_

## California Resale Certificate

**I HEREBY CERTIFY:**

1. I hold valid seller's permit number: \_\_\_\_\_

2. I am engaged in the business of selling the following type of tangible personal property:

\_\_\_\_\_

3. This certificate is for the purchase from HERBS OF MEXICO INC. of the item(s) I have listed in paragraph 5 below. [Vendor's name]

4. I will resell the item(s) listed in paragraph 5, which I am purchasing under this resale certificate in the form of tangible personal property in the regular course of my business operations, and I will do so prior to making any use of the item(s) other than demonstration and display while holding the item(s) for sale in the regular course of my business. I understand that if I use the item(s) purchased under this certificate in any manner other than as just described, I will owe use tax based on each item's purchase price or as otherwise provided by law.

5. Description of property to be purchased for resale:

6. I have read and understand the following:

**For Your Information:** A person may be guilty of a misdemeanor under Revenue and Taxation Code section 6094.5 if the purchaser knows at the time of purchase that he or she will not resell the purchased item prior to any use (other than retention, demonstration, or display while holding it for resale) and he or she furnishes a resale certificate to avoid payment to the seller of an amount as tax. Additionally, a person misusing a resale certificate for personal gain or to evade the payment of tax is liable, for each purchase, for the tax that would have been due, plus a penalty of 10 percent of the tax or \$500, whichever is more.

NAME OF PURCHASER \_\_\_\_\_

SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_



PRINTED NAME OF PERSON SIGNING \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS OF PURCHASER \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

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