



Dear Applicant,

Thank you for your interest in adding us to your store as an authorized CalComp Nutrition (CCN) account.

Enclosed is CCN's Wholesale Agreement. If you would like to apply, please complete the document and return them to fax number 724.864.5472.

As a general policy, CCN does not accept ideas submitted to person outside the company, unless we have secured in advance the right to use such materials. For this reason, if you choose to attach any business plans or other materials to your application, you agree CCN is not subject to any restrictions in using such materials, and you grant CCN a non-exclusive license to use them without compensation to you.

CCN makes all decisions about distribution of its products strictly from CCN's own, independent point of view. If you have any questions regarding the agreement form, please contact the CCN Customer Information Group at 1.877.919.9992

Thank you.

Very truly yours,

CalComp Nutrition Customer Information Group
Enclosures



2021 Clay Pike
Irwin PA 15642
1.877.919.9992 Phone
724.864.5472 Fax

Wholesale Agreement

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website(s): _____

Owner/Contact: _____

EIN/Tax ID#: _____

Ship To Address: _____

City: _____ State: _____ Zip: _____

Is your Ship Address:

Residence _____ Commercial _____ Building _____ Shopping Center _____ Other _____

Phone: _____ Fax: _____ Email: _____

Special Shipping Instructions: _____

Your State Department of Revenue Sales & Use Tax Certificate
Please attach Copy

All accounts must complete a CalComp Nutrition Inc. Wholesale Agreement, State law requires us to have a copy of your state resale tax certificate and/or tax identification number. We are unable to accept or process orders without a completed Wholesale Agreement.

THE UNDERSIGNED HAVE READ AND UNDERSTAND AND AGREES TO THE ABOVE CONDITIONS. THE UNDERSIGNED CERTIFY THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CURRENT.

Signature: _____ Title: _____ Date: _____

Name: (Please Print): _____