



Vital-Earth Minerals, LLC

**New Wholesale Account Application**

Return to: 560 S. Commercial Drive #4  
Grand Junction, Colorado, 81505  
Fax: (970) 241-8753  
Phone: (970) 241-6628

Company Name: \_\_\_\_\_

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  
(requires Social Security # \_\_\_\_\_ & owner's date of birth: \_\_\_\_\_ )  
 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 \_\_\_\_\_

\_\_\_\_\_

**Vital-Earth Minerals, LLC**

560 S. Commercial Dr. #4, Grand Junction, CO 81505  
(970) 241-6628 Fax: (970) 241-8753

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 will 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.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return all documents to the Accounting Department, Vital Earth Minerals, LLC,  
560 S. Commercial Dr. #4, Grand Junction, CO 81505 or Fax: (970) 241-8753**

**Vital-Earth Minerals, LLC**

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