



## NEW ACCOUNT APPLICATION

ACCOUNT INFORMATION		
Account Name:		
DBA (If Any):		
Billing Address:		
City:	State:	Zip:
Shipping Address:		
City:	State:	Zip:
Phone:	Email:	

**PLEASE INDICATE THE OPTION(S) THAT BEST DESCRIBES YOUR BUSINESS:**

<input type="checkbox"/> Wholesale	<input type="checkbox"/> Distributor	<input type="checkbox"/> Buying Club	<input type="checkbox"/> International
<input type="checkbox"/> Other (Please Describe): _____			

**PLEASE INDICATE ALL OPTION(S) WHERE OUR PRODUCTS WILL BE SOLD:**

<input type="checkbox"/> Health Food Store	<input type="checkbox"/> Gym/Sports Club	<input type="checkbox"/> Salon/Spa	<input type="checkbox"/> Therapeutic Clinic	<input type="checkbox"/> Company Website
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Drugstore	<input type="checkbox"/> Mass Market	<input type="checkbox"/> Conventional Grocery	
<input type="checkbox"/> Other (Please Describe): _____				
*Please note that we do not allow our products to be sold on any online marketplaces (i.e. Amazon, Walmart, EBAY, Jet, Rakuten, etc.) unless you become an approved authorized reseller.				

**PAYMENT OPTIONS**

We accept payment by credit card, cashiers check, or C.O.D. Additionally, a line of credit may be established by completing and submitting the *Credit Application Form*.

**ACCOUNT SIGNATURE**

Disclaimer: VIVA 5 reserves the right, in its sole discretion, to determine which customers or potential customers may purchase its products, and which products, if any, are to each approved customer. VIVA 5 also reserve the right, in its sole discretion, to sell to any party, to refuse to sell to any party, or to cease selling to any party.

I certify that I have read the above Disclaimer and that the information provided in the section above is complete and accurate.

Name (Print):	Title:	
Signature:	Date:	

Please email completed form to: [salesupport@viva5corp.com](mailto:salesupport@viva5corp.com)