



DROP SHIPPING | FULFILLMENT DEPARTMENT

CUSTOMER INFORMATION DROP SHIPPING ACCOUNT

Please complete the following information required for a Vitalabs, Inc. drop shipping account

ACCOUNT INFO	CREDIT CARD INFO
<p><i>Provided contact information is kept private</i></p> <p>Contact Name _____</p> <p>Company _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone (_____) _____ - _____</p> <p>Email _____</p>	<p><i>Credit card will be kept on file for fulfillment deposits</i></p> <p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express</p> <p>Card Number _____</p> <p>Name On Card _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Exp. Date ____ / ____ / ____ CVV Card Security Code _____ <small>Required on all charge orders</small></p>

RETURN ADDRESS FOR SHIPPING LABELS (MUST BE A U.S. ADDRESS)

This information will appear in the return address section of the shipping label being placed on your customer's order and/or packing slips being sent with the order. This is the contact information that will be seen by your customer. Please print EXACTLY as you want it to appear on the shipping label.

Name (optional) _____

Company _____

Telephone (_____) _____ - _____ Email _____

Return Address _____

City _____ State _____ Zip _____

By signing below, you certify that the information supplied within this document is true and correct.

X _____
Authorized Signature Date