



CONTACT INFO	first name	last name	date / /
	company name		email
	shipping address		
	city	state	postal code
	office number () -	cell number () -	website
ACCOUNT INFO	resale or tax id number	How did you hear about DesBio?	
	your healthcare practice or specialty		
SIGNATURES	<p>Deseret Biologicals Internet Sales Policy: I agree to abide by Deseret Biologicals’ policy on internet sales that no Deseret Biologicals product should be sold to the consumer without first providing a healthcare evaluation/consultation from a qualified healthcare professional. I will in no way allow customers to purchase Deseret Biologicals product from my website or any other website without first consulting directly with my patient/customer. I further agree that I will not resell any products that I purchase from Deseret Biologicals to anyone other than my own personal customers. I understand that I will be fully responsible for any and all costs that Deseret Biologicals incurs as a result of my breach of this agreement as well as a minimum payment of \$5000 per infraction.</p> <p>SIGNATURE: _____ DATE: _____</p>		
	<p>Deseret Biologicals Return Policy: I understand that as an authorized distributor of Deseret Biologicals products I can, after calling Deseret Biologicals for authorization, return unopened product in good condition to Deseret Biologicals for credit on my account. I can use this merchandise credit to apply to future Deseret Biologicals purchases. I understand and agree that Deseret Biologicals does not issue refunds for product returns.</p> <p>SIGNATURE: _____ DATE: _____</p>		
	<p>Student Certification: I understand that the products I purchase from Deseret Biologicals (the “Products”) are for my personal use only in my studies to become a healthcare practitioner. I understand and agree that I will not sell or dispense any “product” to any “patients” or the general public.</p> <p>SIGNATURE: _____ DATE: _____</p>		

*Application not valid without all three dated signatures.