



Please submit this application with a copy of your resale certificate (if applicable) via email to rxmobility@gmail.com. You will receive a confirmation of your approval via email within 5 business days.

RETAILER ACCOUNT APPLICATION

CONTACT INFORMATION

RETAIL STORE NAME		
E-COMMERCE WEBSITE		
SELECT ONE: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other		
DVM LICENSE # (if applicable)		
DATE BUSINESS COMMENCED		
PRIMARY CONTACT PERSON (FIRST, LAST NAME)		
TITLE	Is the Primary Contact person authorized to make purchases for this account? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PHONE	FAX	EMAIL
REGISTERED COMPANY ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE
SHIPPING ADDRESS		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE
TAXPAYER ID/EIN Business License #*		
* If you live in the state of Georgia and are intending to purchase our products for resale, we will also need a signed Georgia Resale Certificate on file (form attached). This allows us not to charge you sales tax on your order(s). Buyers in any other state do not have to provide us a resale certificate and will not be charged sales tax on their order(s), but (if you intend to resell the product) we still need you to provide a valid Taxpayer ID/EIN Business License #.		

BILLING INFORMATION

Would you like us to keep your credit card on file for future purchases? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME		
CREDIT CARD TYPE <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA		
CREDIT CARD #	EXPIRY	CVC (SECURITY CODE)
BILLING ADDRESS <input type="checkbox"/> CHECK if same as shipping		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE
Are you interested in applying for modified billing (i.e. credit)? <input type="checkbox"/> YES (requires completion of account application) <input type="checkbox"/> NO		

OTHER INFORMATION

How did you find out about RxMobility™?	<input type="checkbox"/> Search Engine/Internet <input type="checkbox"/> Trade Show/Veterinary Conference <input type="checkbox"/> Colleague (Name: _____) <input type="checkbox"/> Sales Representative <input type="checkbox"/> Other (Specify: _____)
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AGREEMENT

1. All invoices are to be paid upon receipt of the date of the invoice.
2. Claims arising from invoices must be made within 15 working days.
3. By submitting this application, you authorize InMotion Health Science LLC/RxMobility to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

SIGNATURE	DATE
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RxMOBILITY™ ORDER INFORMATION

NAME	CUSTOMER #
	RESALE CERTIFICATE #
SHIP TO	TERMS
	SHIP WEEK OF

ORDER #	DELIVERY VIA
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ITEM	DESCRIPTION	UNIT	CASE	PRICE	TOTAL
RxMobility™ Canine Joint Formula	Beef Flavored 375 mg 60 count Bottle				

SIGNATURE AND AGREEMENT TO TERMS OF USE		
I certify that the information contained in this application is true and correct and agree to abide by the Terms and Conditions listed below. I understand that failure to comply may result in termination of my account with InMotion Health Science LLC.		
Signature	Date	Approver's Signature

TERMS AND CONDITIONS:

InMotion Health Science LLC only ships orders to valid U.S. and Canadian addresses.

Once approved, orders may be placed by telephone and/or by purchase order which must be sent via email to rxmobility@gmail.com. There is not currently an online ordering system for wholesale orders.

Orders require receipt of a valid resale certificate (for veterinarians and customers in Georgia) and an approved customer account with InMotion Health Science LLC. Orders for individual units will be accepted but the buyer pays shipping and handling costs; shipping and handling will be included for buyers ordering by master case (24 bottles).

Accepted forms of payment include Credit Card, Money Order or Company Cheque (NET payment credit terms ONLY UPON APPROVAL of a credit application). PAYMENT IS REQUIRED AT THE TIME OF THE ORDER without credit approval. Returned cheques will be subject to a \$25.00 service charge and must be replaced with a money order. First-time orders must be pre-paid by credit card, certified cheque or as a payee through the buyers financial institution. InMotion Health Science LLC reserves the right to withdraw/re-evaluate credit terms and/or credit limits at any time. Please note that any accounts not paid within terms will automatically be put on prepay status for future shipments.

Pricing discrepancies must be addressed within 15 days from date of shipment. Shipping discrepancies must be reported within 48 hours from date of receipt.

Please note that RxMobility™ enforces a unilateral Minimum Advertised Price (MAP) Policy (page 4 of this application). Documents containing rates/pricing of RxMobility™ are to be kept confidential and may not be reproduced, published or disseminated in any form or through any medium (online, email or print) without the express written consent of InMotion Health Science LLC.

RxMOBILITY™ CREDIT APPLICATION

Thank you for your interest in applying for credit terms with RxMobility™ (a product of InMotion Health Science LLC). Initial orders will require pre-payment with a credit card. Please complete the form below to apply for credit terms on subsequent orders. Completion of this application form authorizes InMotion Health Science LLC to contact and inquire with all listed references. Approval may take up to 2 weeks.

BANK REFERENCE		
Bank Name		
Bank Street Address:		City
State/Province	Country	ZIP/Postal Code
Bank Officer/Phone		
Address:		How long?
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Chequing <input type="checkbox"/> Other	
Account Number		
TRADE REFERENCES		
1. Company Name		Phone
Company Address		Account #
City	State/Province	Email
Country	ZIP/Postal Code	Reference
2. Company Name		Phone
Company Address		Account #
City	State/Province	Email
Country	ZIP/Postal Code	Reference
3. Company Name		Phone
Company Address		Account #
City	State/Province	Email
Country	ZIP/Postal Code	Reference
SIGNATURE AND AUTHORIZATION		
Credit Amount Desired	US\$	
I/We authorize _____ to verify information provided on this form regarding credit history.		
Signature of Applicant		Date
PRINT Applicant Name and Title		

RxMOBILITY™ MINIMUM ADVERTISED PRICE (MAP) POLICY

InMotion Health Science LLC has built a strong reputation among consumers and veterinarians for RxMobility™ Canine Joint Formula (the “Product”) and will not permit any advertising or promotion of the Product by retailers at a price that may have the effect of diminishing or detracting from the perceived value of the Product. Therefore, in order to maintain and further enhance our brand image, InMotion Health Science LLC and RxMobility™ have instituted the following unilateral policy which establishes the minimum advertised price (“MAP”) standards for the following product:

PRODUCT/DESCRIPTION	SUGGESTED RETAIL PRICE	MINIMUM ADVERTISED PRICE
RxMOBILITY™ JOINT FORMULA	\$33.00 USD	\$33.00 USD

This policy applies to all new and existing customers including, but not limited to, veterinarians, store retailers, catalogue companies and e-commerce websites (“Retailers”).

Further, this MAP policy applies to all advertisements of the Product in any and all media including, without limitation, flyers, posters, coupons, mailers, inserts, newspapers, magazines, catalogues, mail order catalogues, faxes, emails, television, radio and public signage. It also applies to Internet advertising on your website (or any sponsored website), links to your website, banner ads, destination pages, third-party sites or search engines (e.g. Google.com, MSN.com, Yahoo.com, Amazon.com, etc.).

It is inconsistent with this MAP policy for the Product to be advertised together (or with other manufacturer’s products, free products, coupons, gifts, rebates, etc.) at a single price that is lower than the sum of the individual MAP price for the Product.

MAP applies to advertised prices and to the price at which the Product is actually sold or offered for sale to an individual consumer within the retailer’s location or over the telephone.

Under this MAP policy retailers may sell the Product only to retail customers. Retailers are not authorized to sell or otherwise provide the Product to another retailer, distributor, broker or dealer unless given express written consent by InMotion Health Science LLC.

If any retailer intentionally and/or fails to abide by this MAP policy, InMotion Health Science LLC will discontinue all sales and shipments of the Product to that retailer and the retailer will be notified in writing that it is no longer authorized to sell the Product.

Finally, this MAP policy does not apply in any way to your actual selling price. Your retail sales price for the Product remains wholly within your discretion but at no time or circumstance must it be below the MAP. InMotion does not seek, nor will we accept, any agreement or assent from you regarding our MAP policy, either now or at any future time.

The terms of this MAP policy are confidential and should not be disclosed to other parties. This MAP policy has been established by InMotion Health Science LLC to help ensure the legacy of RxMobility™ and InMotion Health Science LLC as a producer of high quality products and to protect the reputation, branding and image of the RxMobility™ product line.

This MAP policy is established by InMotion Health Science LLC unilaterally and therefore is not subject to negotiation. InMotion Health Science LLC will implement and take action regarding its MAP policy based upon information deemed sufficient by InMotion Health Science LLC; all such determinations are final. We reserve the right to modify this policy, to establish new or different policies, or to discontinue any or all such policies.

The MAP policy shall remain in effect until modified or terminated by InMotion Health Science LLC in writing sent to you. Should you require any further information regarding our MAP policy, please direct your inquiry to XXXXX