

Ameriden International Partner Program

Thank you for interest in Ameriden and your desire to establish a business relationship. Ameriden has been in business for over fifteen years and during those years has received many requests of this nature.

We are not a multilevel company seeking home base distributors, but a well-established business already involved in the Health foods, health supplement business industries with web presence. We offer three areas of resale involvement defined as Retailer, Professional, or Wholesale/Distributor.

They are as follows:

Retailer: You have a physical or Web store where Health foods or supplements are sold. We will need a copy of your business license prior to approval.

Professional: You are in the licensed medical, dental or Chiropractic field and sell supplements. We will need a copy of your business or medical license prior to approval.

Wholesale/Distributor: You already wholesale/distribute volume health food & health supplement products to retail stores, sales outlets or CO-Ops etc. We will need a copy of your business license prior to approval.

Note: Each area of resale must sign an Ameriden Predatory Pricing Agreement; additionally Wholesale/Distributor's are contracted and have minimum volume commitments.

Terms: Credit terms are only established after a sales relationship has begun and a credit history is in place. We accept Visa, Master Card, American Express, and Discover. We do not accept PayPal at present.

In order to determine how we can better help each other in this Global economy, please tell us a little about yourself.

1. How did you hear about Ameriden?

2. What type of business do you own?

Health Based Retail Store___ Clinic___ Pharmacy___ Web Based___ Other_____

3. If you have a web site, please supply your web address.

4. How long have you been in business?

5. What Ameriden products are of interest to you?

6. What other nutrition, supplements and nutraceutical products does your company currently market?

7. What type of outlets do you currently service?

8. If retail, how many customers currently purchase from your store/website?

9. How many pharmacies & health food stores etc...are you currently servicing?

10. How many of them do you anticipate will carry Ameriden® products?

Please print this form, answer the following questions, fill out & sign the AMERIDEN Application form & Predatory Pricing Agreement and either fax or mail them back to AMERIDEN along with a copy of your business license.

If based in California please include a copy of your Resale Certificate. Once we have received this information, we will personally contact you to discuss setting up your account.

Fax # (760) 728-0608 or mail to:

Ameriden International, Inc. | P. O. Box 1870 | Fallbrook, CA 92088
Attn: Customer Service Manager



INTERNATIONAL, INC.
America's Finest Bio-Active Nutraceuticals

CONTACT DETAILS:

Business Name:
Mailing Address:
City: State: Zip:
Shipping Address (if different):
City: State: Zip:
Phone: Fax: Website:
Contact Name: Position:
Email: Phone/Cell:

STORE DETAILS:

Owner's Name: Type of Company: In Business Since:
Type of Business: Sole Proprietor Partnership LLC Corporation
Tax ID #: CA Resale #: (Attach copy of Resale Certificate)
Resale License or Tax ID: Fax to Ameriden International, Inc. at 760-728-0608 (A wholesale account cannot be set up without your license or tax ID on file)
Names authorized to order on account:
How did you hear about Ameriden?

BILLING INFORMATION:

Terms Requested: Credit Card COD Net-30 (Application required)
Please Select Payment Type: Visa MasterCard Discover AMEX
**Please include the 3 digit security code on the back of your credit card (AMEX 4 digit on front)
Name (as it appears on card):
Credit Card #: Exp. Date:
Cardholder Signature: Date:
Acct. Payable Contact: Phone:

I, Recognize And Accept The Terms And Conditions Above And Certify That All Information Is Correct And Accurate. In Submitting This Account Application Form For Purchase Status With Ameriden International, Inc. I authorize Ameriden International, Inc. To Debit The Above Credit Card (if applicable) For Purchases Incurred Through Ameriden International, Inc. In Accordance With The Card Issuer Agreement.

Name of Owner/Partner/Officer (please print) Authorized Signature

INTERNET & RETAIL PRICING POLICY

Ameriden respects free enterprise and supports a variety of channels of distribution for Ameriden products. We believe Ameriden is a premium brand and we reserve the right to enforce suggested retail price parameters for ALL of our distributors. We reserve this right as a protection to all of our distributors from "Predatory" pricing strategies. Ameriden will restrict any distributor from the single sale of Ameriden products greater than 30% off the suggested retail price. The total discount must not exceed 30% which is to include any additional benefits the Independent Distributor wishes to offer including on-line ordering, such as New or Repeat Customers discounts, Best Value discounts, Large Order discounts or any other presumed discount. Breach of policy will result in immediate termination of relationship. Ameriden is not responsible for any incidental or consequential damages as a result of the breach of this policy and this policy is integrated into our wholesale price sheet and subsequent invoicing for the purchase of products.

