

# DISTRIBUTOR INFORMATION



**NUTRILINK™**

P.O. Box 259  
Palo Cedro, CA 96073  
Phone: 1-888-468-2629  
Fax: 1-530-547-0001

## Business Information:

Name \_\_\_\_\_

Name of Business \_\_\_\_\_

Phone Number Office \_\_\_\_\_

Phone Number Cell \_\_\_\_\_

## Billing Information:

Card Type  VISA  MASTERCARD

Name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

3 Digit Security number on back of card \_\_\_\_\_

Billing address associated with this card \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shipping address if different from above \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*We look forward to working with you in your health pursuits. Sincerely, The Nutrilink Staff*