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Professional Independent Distributor Application Form

First Name: _____ Last Name: _____

Company: _____ Phone Number: () _____

Title/Education: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Website Address: _____

Resale License # _____

By signing below, I am requesting to become an independent distributor of Nucleic Products. I fully understand Nucleic Products has not been evaluated by the FDA. **Nucleic Products make no claims to cure, prevent, diagnose, treat or in anyway mitigate any condition or disease. No product warranties or health assurances are granted in any way.** All information given to me as an independent distributor of Nucleic Products which I accept to be by signing below and pending approval, is based on third party investigation and research. It should not be interpreted to clients or patients as sound science. We encourage each individual practitioner to educate themselves and do their own research. Nucleic Products does not take responsibility for any misuse or misinformation to the public on products dispensed or sold by independent distributors of Nucleic Products. By signing below I also agree that I may not sell Nucleic Products under a third party website or my own and agree to sell dispense only through my private practice/practices. Nucleic Products reserves the right to change prices without notice at any time. I understand that Nucleic Products reserves the right to terminate my contract and status as an independent distributor at any time and without notice for any reason.

Printed Name: _____

Signature: _____ Date: _____

