



Natural Products Distributor

Puresource Corp./NOW Health Group (NHG)
5-5068 Whitelaw Rd RR6 Guelph ON N1H 6J3
Telephone:1-800-265-7245 Fax:1-877-660-6657

For Office Use Only
Sales Rep. _____ Account # _____
Notes: _____

DATE: **NEW ACCOUNT APPLICATION, COMPLETE AND EMAIL: INFO@PURESOURCE.CA OR FAX: 1-877-660-6657**

DO YOU HAVE A WEBSITE FOR YOUR BUSINESS? YES NO WHAT IS YOUR URL? www.

IS IT AN ONLINE SHOP? YES NO ARE YOU A CHFA MEMBER? YES NO INDICATE THE TYPE OF BUSINESS BELOW

- RETAIL STORE HEALTH FOOD STORE INTERNET RETAILER GROCERY STORE SPA
- PHARMACY PRACTITIONER MANUFACTURER OTHER

DO YOU HAVE A STORE FRONT/SIGN? YES NO IS THE STORE: STAND ALONE IN A MALL/STRIP MALL OFFICE BUILDING

DO YOU CURRENTLY ORDER HEALTH FOOD PRODUCTS FROM OTHER DISTRIBUTORS? YES NO IF YOU DO, PLEASE LIST YOUR

CURRENT DISTRIBUTORS:

PLEASE LIST THE BRANDS OR PRODUCTS FROM PURESOURCE YOU WOULD LIKE TO PURCHASE:

CATALOGUE:

WOULD YOU LIKE TO RECEIVE OUR CATALOGUE BY MAIL? YES NO ACCESS THE ONLINE CATALOGUE? YES NO

WOULD YOU LIKE TO RECEIVE COPIES OF INVOICES AND CREDITS BY EMAIL? YES NO EMAIL:

BUSINESS INFORMATION OR COMMERCE

LEGAL COMPANY/REGISTERED NAME:

OPERATING NAME:

BUSINESS LICENSE# GST# PST # HST #

IS THIS A NEW BUSINESS? YES NO DATE OPENED: MONTH YEAR

BUSINESS ADDRESS:

CITY: PROVINCE: POSTAL CODE:

TELEPHONE: FAX: CELL:

MAILING ADDRESS (**ONLY IF DIFFERENT THAN SHIPPING**):

CITY: PROV: POSTAL CODE:

STORE DELIVERY HOURS: SPECIAL DELIVERY NOTES:

STORE CONTACT NAME: E-MAIL: PAYMENT CONTACT NAME:

OWNER'S HOME ADDRESS: CITY: PROV: POSTAL CODE:

TERMS: YOUR FIRST 3 ORDERS MUST BE BY CREDIT CARD. AFTER IF YOU WISH TO APPLY FOR TERMS, PLEASE EMAIL FINANCE@PURESOURCE.CA