



Natural Product Distributor

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

For Office Use Only

Sales Rep _____ **NOTES:** _____
Account # _____

NEW ACCOUNT APPLICATION INFORMATION TO COMPLETE AND EMAIL stephanie.hoggarth@puresource.ca OR FAX: 1-877-660-6657

DATE APPLICATION SENT: _____

DO YOU HAVE A WEBSITE FOR YOUR BUSINESS? _____ IS YOUR WEBSITE AN ONLINE SHOP? YES or NO

RETAIL STORE HEALTH FOOD STORE INTERNET RETAILER SPA GROCERY (CHAIN?): _____

NATUROPATH HOMEOPATH PRACTITIONER PHARMACY Specify & include your business License # _____

OTHER TYPE OF BUSINESS, PLEASE SPECIFY AND INCLUDE BUSINESS LICENSE #: _____

DO YOU HAVE A STORE FRONT/SIGN? YES NO SQUARE FOOTAGE OF STORE? _____ LOCATED? Stand Alone Mall Office Bldg. Strip Mall

DO YOU CURRENTLY ORDER HEALTH FOOD PRODUCTS FROM OTHER DISTRIBUTORS? YES or NO

IF YOU DO, PLEASE LIST A FEW DISTRIBUTOR YOU CURRENTLY HAVE _____

ARE YOU A CHFA MEMBER? YES or NO

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 ONLINE CATALOGUE** YES NO

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

BUSINESS INFORMATION

LEGAL COMPANY/REGISTERED NAME: _____

OPERATING NAME: _____ limited, incorporated, or sole proprietorship?

BUSINESS LICENSE # _____ GST # _____ PST # _____ HST # _____

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

COMPLETE SHIPPING: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

MAILING ADDRESS (IF MAILING ADDRESS IS DIFFERENT THAN THE SHIPPING ADDRESS – INCLUDE A POSTAL BOX NUMBER IF PART OF THE MAILING ADDRESS:

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE: _____ FAX: _____ CELL: _____

E-MAIL: _____

SALES CONTACT AT YOUR STORE: _____ PAYMENT CONTACT: _____

STORE HOURS: _____ SPECIAL DELIVERY INFORMATION: _____

HOME ADDRESS: _____ CITY: _____ PROV: _____ POSTAL CODE: _____

NOTE: if you want Term Payments, please contact us and we will provide you with the document to complete.