



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

DATE: _____

RETAIL STORE HEALTH FOOD STORE INTERNET RETAILER Grocery store (chain?): _____

SPA NATUROPATH Centre: _____ Pharmacy (chain?): _____

OTHER, Please Specify: _____

PRACTITIONER - Specify type & include your License number _____

DO YOU HAVE A STORE FRONT/SIGN? YES NO INTERNET SITE? NO YES web address: www. _____

SQUARE FOOTAGE OF STORE? _____ TYPE OF LOCATION? Mall Office Bldg. Strip Mall Stand Alone

WHO IS YOUR CUSTOMER BASE? _____ **ARE YOU A CHFA MEMBER?** YES or NO

ARE YOU CURRENTLY ORDERING HEALTH FOOD PRODUCTS FROM OTHER DISTRIBUTORS? YES or NO

CURRENT Suppliers _____

LIST THE BRANDS YOU ARE MOST INTERESTED IN CARRYING? _____

WOULD YOU LIKE TO RECEIVE COPIES OF CREDITS NOTES BY EMAIL NO or if YES email: _____

CATALOGUE: WOULD YOU LIKE ACCESS TO THE **ONLINE CATALOGUE** YES NO AND ALSO MAILED? YES NO

BUSINESS INFORMATION

LEGAL COMPANY/REGISTERED NAME: _____

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

BUSINESS LICENCE # _____ GST # _____ PST # _____ HST # _____

IS THIS A NEW BUSINESS? NO or YES DATE OPENED: MONTH _____ YEAR _____ PLEASE ENTER NUMBER OF YEARS IN BUSINESS? _____

COMPLETE SHIPPING AND MAILING ADDRESS (Postal Box number if needed): _____

CITY: _____ PROV: _____ POSTAL CODE: _____

TELEPHONE: _____ FAX: _____ CELL: _____

E-MAIL: _____

SALES CONTACT AT YOUR STORE: _____ PAYMENT CONTACT: _____

STORE HOURS: _____ SPECIAL DELIVERY INFORMATION: _____

MAJOR INTERSECTION: _____

HOME ADDRESS: _____

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