



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

LIST A FEW DISTRIBUTER YOU CURRENT HAVE _____

LIST THE BRANDS/PRODUCTS INTERESTED IN CARRYING FROM PURESOURCE? _____

CATALOGUE: HOW WOULD YOU LIKE TO RECEIVE OUR BYMONTHLY CATALOGUE?

1) ONLY BY MAIL YES NO 2) ONLY ACCESS CATALOGUE ONLINE OR 3) MAILED AND ONLINE? YES NO

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

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.