



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	NOTES: _____
Sales Rep _____	_____
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: _____

CIRCLE OR HYOUR CHOICE: RECEIVE THE ONLINE CATALOGUE ONLY or DO YOU WANT TO RECIEVE A CATALOGUE MAILED ?

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: _____



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ONLY TO COMPLETE IF REQUESTING TERM PAYMENTS

Payment Guarantee:

I / we, _____ introduced jointly and severally personally guarantee that all financial obligations, present or in the future, caused by _____ (your company name) PURESOURCE Inc (the provider) will be paid forthwith by personal means if the company _____ (your company name) should be in default of its commitments, intentionally or otherwise, to the PURESOURCE Inc (the provider).

In addition, I / we _____ further authorize by my/our signature(s) affixed here to the release of any requested information to PURESOURCE Inc (the Supplier) with respect to any credit verification considered necessary.

I/we _____ (your company name) certify that the information given on the documents with this is correct and if any changes are made to this information, this information of changes will be provided to PURESOURCE Inc in at least one (1) week or five (5) days of trade before changes will be in effect. It is understood and accepted that past due accounts will be subject to a charge of 2% per month (24% per year equivalent).

I/we _____ assure you that we will pay all our accounts in respect of orders made with PURESOURCE Inc (the supplier).

INFORMATION ON PARTNERSHIP OR SOLE OWNERSHIP

NAME and POSITION IN THE BUSINESS: _____

SOCIAL INSURANCE NUMBER or DATE OF BIRTH (Mandatory to have one or the other):

HOME ADDRESS: _____

Dated at (time) this _____ day of _____ 20_____

Name of owner (print): _____

Name of owner (signature): _____

Name of witness (print): _____

Name of witness (signature): _____