

Wholesale Application Form

Please Send Your Application by Fax or Mail to:

BC Organic Herbs Ltd.
6471 Vernon Avenue
Peachland, British Columbia
Canada V0H 1X8
Tel / Fax: +1 250 767 6650

* Required Info:

* Personal Name of Applicant:

Birthdate:

* Month: _____ Day: _____ Year: _____

* Place of Birth:

* SS#:

* Business Name:

* Tax ID:

Mailing Address:

* Street or PO Box:

* City:

* Province/State:

* Country:

* Postal/Zip:

* Business Phone:

Home or Cell Phone:

* Email:

Fax:

* Business Class:

- Individual
- Proprietorship
- Partnership
- Company

* Business Type:

- Retail
- Wholesale
- Distributor
- Company
- Direct Sales
- Ecommerce

Other major vitamin/health food products currently being carried?

Geographical area covered by your current marketing?

How did you first learn about Super Naturals Heart Formula?

**Please provide 2 references
(name/address/personal contact/phone number)**

**What are the main reasons in your decision to market
Super Naturals Heart Formula?**

Please be confident that we will never give or sell any of your information provided by this form.
It will be used only to contact you if requested. Your security and privacy is protected.