



NEW RETAILER APPLICATION

Business Information

Store Name: _____ Date: _____

Business Name:
(if different) _____

Type of Business: Proprietorship [] Partnership [] Corporation []

Does your store have multiple locations? Yes: No: # of Locations:

Please list locations:

How long have you been in business: _____ Description of business: _____

Corporate Store? Yes: No: Franchised Store? Yes: No:

Primary Contact: _____ Position: _____

Phone: _____ Email: _____

Buyer's Name: _____ Buyer's Phone: _____

Buyer's Email: _____

Ship to Address: _____

City: _____ Prov: _____ Postal Code: _____

Accounting Contact: _____ Position: _____

Accounting Phone: _____ Accounting email: _____

Bill to Address: _____

City: _____ Prov: _____ Postal Code: _____



Banking Information

Bank: _____ Bank Contact Name: _____ Bank Contact Phone: _____
Bank Address: _____

References – please provide 2 business references if you are applying for net 15 terms.

Company 1: _____ City: _____
Contact Name: _____ Contact Email: _____ Contact Phone: _____
Company 2: _____ City: _____
Contact Name: _____ Contact Email: _____ Contact Phone: _____

Note: failure to provide complete information will result in a delay in processing your application. Please be advised that where information is inconclusive payments or bank letter of reference may be requested.

Agreement

*By signing you are agreeing that:
The information provided on this application is warranted to be true and correct.
This application form is being signed by an authorized signing officer of the company.*

Signature: _____ Date: _____

Please sign and return to Alberta Natural Products by email ansales@albertanp.com or fax at 403 244 2440

The Following is for Office Use Only:

Preferred Shipping Method: Prepaid [] No-Ship/Pickup []
Preferred Payment Terms: Upon Receipt *[] Net 15 Days []
Notes: _____

Sales Representative: _____
Date Entered: _____