



A Division of: **QUALITY FIRST INTERNATIONAL INC**
 380 Sheldon Drive, Unit 3,
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 Tel: 1-877-870-1018 (519) 780-1018 Fax: (519)780-2997

Retailer- Distributor Application Form

(Consumer packaged product only)

Contact Person:
Name:
Position:
E-mail:
Company Details
Company Name:
Tel. Number:
Fax Number:
WEB URL:
Billing Address:
Shipping Address:
Type of Distribution Business <i>(please check all that applies)</i>
<input type="checkbox"/> Distributor B2B
<input type="checkbox"/> Retail Outlet or Health Food Store
<input type="checkbox"/> Buying Club/Co-Op
<input type="checkbox"/> Practitioner Health Care Professionals
<input type="checkbox"/> Restaurant/Food Outlet
<input type="checkbox"/> On-Line Store
<input type="checkbox"/> Others (please specify)
Proof of Re-Seller Business <i>(Must have at least 1 of the following)</i>
Business License/Registration Number:
Resale number or TAX ID:
Professional License/Proof of practice (please fax or e-mail copy if applicable)
Legitimate Website

DATE SUBMITTED: _____

Thank you for your application. A representative will get back to you within 2 business days

The Management



Updated: August 18, 2011