Health Food Store - Account Application Form

5500 Village Blvd, Suite 102
West Palm Beach, FL 33407
Phone (800) 622-8986 Fax (561) 575-5488
Website: www.gardenoflife.com

Business Name_____ **Date** _____/_____/_____
Mailing Address _____
City _____ **State** ____ **Zip Code**_____
Phone (business) (____)_____-_____ **Fax** (____)_____-_____ **Email** _____
Web Address _____
Would you be interested in our partnership programs and discounts? Yes_____ **No**_____

Shipping Address (if different from above)_____
City _____ **State** _____ **Zip Code**_____
Bill to contact _____ **Ship to Contact** _____
Store Address (if applicable**)**_____

Type of Business: (check appropriate boxes)
□ Health Food Store □ Other (Please Specify)_____
Minimum retail space of 2k sq. ft. or more? Yes / No (circle one)

Please select size of store:
□ Large 15K Square Feet or Greater
□ Medium 10 – 15K Square Feet
□ Small 10K Square Feet or Less

If three or more stores, check one of the following:
□ Large 50 + Stores
□ Medium 10 – 49 Stores
□ Small 3 – 9 Stores

Photo Copy of resale license/tax ID *MUST* *be returned with application by fax, email or postal service.)*
Resale # _____ **Business License #** _____
Please list three vitamin/mineral supplement company references:
1. Vendor:_____ Contact:_____ Phone # (_____) _____- _____
2. Vendor:_____ Contact:_____ Phone # (_____) _____- _____
3. Vendor:_____ Contact:_____ Phone # (_____) _____- _____

NOTE: Photo of store front, minimum two photos of current product sections, website address or social media link must be provided with application.

Will product be distributed online via Amazon, E-bay, or any other shared online shopping site? Yes / No (circle one).
Please provide the URL and/or affiliate name**:**_____
Referred by: (how did you hear about us) _____
IF APPLICABLE, GOL REP NAME: _____

All orders processed through Garden of Life will be billed via credit card or C.O.D
Please select payment type: _____ Visa _____MasterCard _____American Express _____C.O.D.
Please have your credit card information available when you place your first order.

If an item is out of stock, will you accept back orders? A back order is product ordered that is out of stock and will automatically ship when the product comes in. YES_____ **NO**_____

I, _____ recognize and accept the conditions shown above and certify that all information listed is correct and accurate. In submitting this account application for wholesale purchase status consideration, I further authorize *Garden of Life* (G.O.L.) to debit the above credit card (if applicable) for purchases incurred through G.O.L. in accordance with card issuer agreement.

_____ _____
Owner/Partner/Officer (Please Print) Authorized Signature

Revised 11-22-2013