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ONLINE RETAILER – ACCOUNT APPLICATION FORM

Thank you for choosing to partner with Garden of Life. To establish a relationship with us we require that you:

1. Have an established health-related website with a fully functioning Shopping Cart
2. Provide the following:
 - a. Resale License
 - b. Business License / Federal Tax Identification Number
3. Meet Garden of Life’s minimum order requirement of \$300

CONTACT INFORMATION:

Business Name _____

Contact name/Title _____ Phone () - _____ Email _____

Mailing Address _____

City/State/Zip _____

Shipping Address (if different from above) _____

City/State/Zip _____

BUSINESS INFORMATION:

Website URL (Required): _____

Will product be distributed online via Amazon, E-bay or any other shared online marketplace? Yes / No (Circle One)

Please provide the URL and/or affiliate name(s): _____

Please list two business references:

1. _____ Phone: () - _____

2. _____ Phone: () - _____

METHOD OF PAYMENT:

All orders processed through Garden of Life will be billed via credit card.

Owner/Partner Officer (Please Print)

Authorized Signature

Date

Email or fax this completed form with relevant licenses.