



WESTERN
Herbal and Nutrition

Western Herbal and Nutrition, Inc. Reseller Application

Thank you for your interest in becoming a Western Herbal and Nutrition, Inc. authorized reseller. All prospective resellers wishing to purchase direct from us must meet certain criteria. Please fill out this application with all required information and email to salesinfo@westernherbal.com or fax to (510) 266-6606. Upon receipt, your application will be reviewed, and if approved you will be sent a reseller agreement to execute within 30 days of this application.

PROSPECTIVE RESELLER INFORMATION

Company Information	
Reseller Name	
Contact Name	
Contact Title	
Email Address	
Phone	
Fax	
Billing Address	
Shipping Address	
Duns #	
Tax ID #	
Web Address	
How many years in business?	
Number of employees?	
Primary products/services?	

Marketing Information	
What is your annual marketing budget?	
What is your primary market target?	
How do you plan to market Western Herbal and Nutrition products?	
Which Western Herbal and Nutrition products do you plan to stock?	
How many of each product?	



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Reference Information

Please provide Three (3) references from current suppliers. Include supplier name, contact name, telephone #, address, and account#.

Reference 1

Reference 2

Reference 3

GENERAL INFORMATION

MINIMUM ORDERS

- Western Herbal and Nutrition requires an opening order of one case (12 bottles), and all reorders must be for a minimum of one case. In addition,
- Western Herbal and Nutrition will not drop ship for resellers.

CREDIT TERMS

- All orders for the first 12 months must be paid in advance by credit card.
- Net 30 day payment terms may be available after one year at our discretion.

RESALE CERTIFICATE(S)

- Please attach a current, signed resale certificate.

I certify that the above information is true and correct, agree to the minimum order and credit terms, and wish to be considered as a Western Herbal and Nutrition, Inc. authorized reseller.

Signature: Print Name: _____

Date: _____