



1080 Industrial Highway
Unit 9
Southampton, PA 18966
USA
215-677-7177

Wholesale Application Form

Please complete and return with a copy of your license or degree (for USA only)
Fax completed form to 1-677-9777 or e-mail DrO.NaturalHealth@gmail.com

Practitioner Name: _____ Practice Type: _____

Degree: _____ State License (Provide the Proof): _____

Name of Business: _____

Business Address: _____

Country for Intended Whole Sale : _____

Business Website: _____

Name of Business Owner: _____

State Sales Tax License #: _____

Federal Tax ID #: _____ Contact Phone: _____

Alt. Phone: _____ Website: _____

E-mail: _____

Billing Address: _____

Practitioner Signature: _____ Date: _____

METHOD OF PAYMENT

PayPal Account E-mail: _____

Credit Card Type: _____

CC# _____ Exp: _____ Sec Code: _____

Billing Zip Code: _____