| SpringTree Nutrition Wholesale Application | | |
| --- | --- | --- |
| Applicant Information | | |
| Business Name: | | |
| Years in Business: | Tax ID: | Phone: |
| Current address: | | |
| City: | State: | ZIP Code: |
|  |  |  |
| Wholesaler Information | | |
| Primary Contact: | | |
| Sales address: | | Online Sales: Y/N |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Sales License: | State: |
| Invoice Information | | |
| Preferred Method of Payment: | | |
| Credit Card# | | Exp Date: |
| Billing Address: | State: | ZIP Code: |
| Preferred Invoice: Mail/E-mail/Fax | | |
| Shipping information | | |
| Shipping Address: | | |
| City: | State: | ZIP Code: |
| pRACTItIONER sALES | | |
| Practitioner Name: | | |
| License Number: | | Degree: |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| References | | |
| Name | Address | Phone |
|  |  |  |
|  |  |  |
| Signatures | | |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. | | |
| Signature of Wholesale Applicant: | | Date: |



SpringTree Health

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