| SpringTree Nutrition Wholesale Application |
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| 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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