**REQUIREMENTS TO ESTABLISH A WHOLESALE ACCOUNT**

Thank you for your interest in Bio2go™ Health products. To qualify for a wholesale account, you are required to provide the following information. Please attach with the reply email.

1. A copy of Business License / Health Practitioner Certificate / Health Practitioner Registration Number – to be scan and send to us as qualification for wholesale account.
2. Wholesale Account Application Form – to be filled in and returned to us, so that we can get you set up as a wholesale customer in our system.

|  |  |  |
| --- | --- | --- |
| **Who Qualify For Wholesale Account** | **Please Select Your Status** | **Qualification Requirements** |
| Health Food Stores |  | Choose one of the following |
| Online Retailer |  | Choose one of the following |
| Grocery Stores |  | Choose one of the following |
| Vitamin Shop |  | Choose one of the following |
| Personal Care Stores |  | Choose one of the following |
| Natural Food Outlets |  | Choose one of the following |
| Pharmacies |  | Choose one of the following |
| Healthcare Professionals |  | Choose one of the following |
| Dentists |  | Choose one of the following |
| Nutritionists |  | Choose one of the following |
| Pet Stores |  | Choose one of the following |
| Food Manufacturers |  | Choose one of the following |
| Individuals involved in the profession of dealings with natural/homeopathic products |  | Choose one of the following |

**WHOLESALE ACCOUNT APPLICATION FORM**

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| --- |
| **Business License #:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ship To Address** | | **Residential** | **Business** |
| Name: | | Attention/Title: | |
| Address: | | | |
| City: | | State: | Zip: |
| Phone: | Fax: | Email: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bill To Address** (if different from above) | | | **Mail To Address** (if different from above) | | |
| Name: | | | Name: | | |
| Address: | | | Address: | | |
| City: | | State: | City: | | State: |
| Zip: | Phone: | | Zip: | Phone: | |
| Email: | | | Email: | | |

|  |  |
| --- | --- |
| **Bio2go™ Health Offers Three Forms Of Payment For Your Ordering Convenience** | |
| Please Choose One of the following: | |
| C.O.D – Cash on Delivery |  |
| Pre-Payment – Includes Check, Money Order |  |
| Credit Cards – We accept Visa, Master Card, and Discover |  |

Please return the customer application form to us and we will review before the final set-up.

Please contact us if you have any questions or concerns on the forms.

We look forward to joining you in your efforts to encourage quality health care.

Thank you.

Signature: Date: