**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 #:** |

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| --- | --- | --- |
| **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:      |

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| **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: