

## Retail Partner Application Form



1201 U.S. Highway, Suite 350  
North Palm Beach, FL 33408  
Phone (888) 260-5088 Fax (561) 228-0780  
E-mail: orders@getrealnutrition.com  
Website: www.getrealnutrition.com

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Business Name** \_\_\_\_\_  
**Mailing Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Phone** (business) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Email** \_\_\_\_\_ **Web Address** \_\_\_\_\_

**Shipping Address** (if different from above) \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_  
**Bill to Contact** \_\_\_\_\_ **Ship to Contact** \_\_\_\_\_  
**Store Address** \_\_\_\_\_

**Type of Business:**  Health Food Store  Health Practitioner  Other (Please Specify) \_\_\_\_\_  
Retail space Yes / No

**Please select any that apply:**

- Large 15K Square Feet or Greater       Large 50 + Stores  
 Medium 10 – 15K Square Feet       Medium 10 – 49 Stores  
 Small 10K Square Feet or Less       Small 3 – 9 Stores

**A Photo Copy of resale license/tax ID *MUST* accompany the application by fax, email or postal service.**

**Resale #** \_\_\_\_\_ **Business License #** \_\_\_\_\_

**If Appropriate, Get Real Nutrition REP Name:** \_\_\_\_\_

All orders handled through Get Real Nutrition will be billed through credit card or a terms agreement. Credit Application required when requesting payment terms.

**Please select payment type:** \_\_\_\_ Discover \_\_\_\_ MasterCard \_\_\_\_ American Express \_\_\_\_ Visa \_\_\_\_ Term (Net15)

**Please be ready to give your credit card information when placing orders, or provide the information below:**

**Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_/\_\_\_\_

**Name on Card:** \_\_\_\_\_

**If an item is temporarily not available, will you receive back orders? Any products on back order will ship immediately after it returns to inventory and you will be charged for the backordered items upon shipment.**

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

I, \_\_\_\_\_ acknowledge and accept the circumstances above and confirm that all details are true. In presenting this retail partner application for wholesale buying ability, I authorize *Get Real Nutrition* to debit my credit card (if appropriate) for purchases through Get Real Nutrition in agreement with card issuer agreement.

\_\_\_\_\_  
Owner/Partner/Officeholder (Please Print)

\_\_\_\_\_  
Authorized Signature