

WHOLESALE - ACCOUNT APPLICATION



Gaia Garden Herbals Inc.
2672 W. Broadway
Vancouver, B.C.
Canada, V6K 2G3
Tel: 604-734-4372
Fax: 604-734-4376

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

BUSINESS DETAILS

For Operational Business :

Company Name: _____ Company Trade Name: _____

Structure (circle one): Sole-Proprietorship / Partnership / Susidiary / Branch / Corporation Year Incorporated: _____

Please kindly fax us a copy of your Business-License or GST / PST Certificate.

For Practitioners :

Practice Name: _____ Type of Practice: _____

Type of Diploma / Certificate : _____ Issued By: _____

Please kindly fax us a copy of your Certificate / Diploma or Business-License.

Address: _____ City: _____ State / Province + Potal-Code: _____

Phone: _____ Fax: _____ E-mail: _____

Principal Owner: _____ Phone (Principal Owner): _____

Accounts Payable Contact: _____ Phone (Accounts Payable): _____

Provincial Tax #: _____ GST Registration #: _____

Type of Business: _____ Amount of Credit Desired: _____

The applicant understands and acknowledges that Gaia-Garden accepts payments only by CREDIT-CARD.

Applicant hereby acknowledges that he/she has read and accepts the terms and conditions as they are presented on our website.

Authorized/Owner's Signature: _____

Printed Name: _____

Date: _____