

InSpired Nutritionals Ltd
Reseller/Wholesale Account Application Form

1. Resellers Personal Details

a. Last Name: _____

b. First Name: _____

c. Title: _____

d. Home Address:

e. Home Phone: _____

f. Email Address: _____

g. Health Related Qualifications / Training / Experience etc

2. Business/Clinic Details

a. Legal Name: _____

b. Trading Name: _____

c. Delivery Address:

d. Postal Address:

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RESELLER APPLICATION FORM**

e. Phone #: _____

f. Fax #: _____

g. Email: _____

h. URL: _____

i. How many clients/patients do you see on a weekly basis? _____

j. Areas of specialization in health and treatments:

k. How many practitioners in your clinic? _____

l. How many staff do you employ? _____

m. How do you intend to sell, distribute, or promote our products?

3. Other Information

a. Do you require additional information, training material etc in regards to the use of our products and product combinations? _____

b. What experience do you have with treating Thyroid Conditions, Hormonal dysfunctions, and Candida overgrowth?

c. How do you intend to pay for your orders?

____ Credit Card

(If you wish we can securely store your details to save you having to submit card details on each order)

Card #: _____ Exp: ____/____ (month, yr)

Type: VISA / MASTERCARD / AMERICAN EXPRESS (circle one)

____ Direct Wire Transfer

____ Bank Cheque/Draft

____ Other... _____

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RESELLER APPLICATION FORM**

d. Do you eventually intend to apply for a 21st of the month credit account? _____
(Only available after 3 months of trade with us – except in special circumstances)

e. Additional Comments:

Signed: _____

By: _____

On this _____ day of _____ 200_____

Office Use Only:

Reviewed By: _____

Date: _____

Certification Checked: _____

Account Number: _____

Please Fax completed form & a copy of your Professional (Health) Certification to:

**InSpired Nutritionals Ltd
NZ FAX +64-9-577 0261**

**Alternatives if necessary:
USA FAX +1-509-275-9797**

Please post this original signed copy to:

**InSpired Nutritionals Ltd
Attn: Kirsty Giles (wholesale)
PO Box 51-416
Pakuranga
Auckland
New Zealand**

If you have any questions please email us at wholesale@inspirednutritionals.com