



General Information

PLEASE FILL OUT ALL INFORMATION THAT APPLIES.

FULL NAME		COMPANY	
<input type="text"/>		<input type="text"/>	
POSITION		COMPANY WEBSITE	
<input type="text"/>		<input type="text"/>	
BILLING ADDRESS		BILLING ADDRESS LINE TWO	
<input type="text"/>		<input type="text"/>	
CITY	STATE	ZIP/POSTAL CODE	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SHIPPING ADDRESS		SHIPPING ADDRESS LINE TWO	
<input type="text"/>		<input type="text"/>	
CITY	STATE	ZIP/POSTAL CODE	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER	EXT	FAX NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Information

TYPE OF BUSINESS *(Check all THAT APPLY):*

- | | | | |
|---|---|--|--------------------------------|
| <input type="checkbox"/> INDIVIDUAL HEALTH PRACTITIONER | <input type="checkbox"/> YOGA STUDIO | <input type="checkbox"/> AMAZON RESELLER | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> WELLNESS CENTER | <input type="checkbox"/> RETAIL/HEALTH FOOD STORE | <input type="checkbox"/> INTERNET RESELLER | <input type="text"/> |