



Reseller Account Application

BUSINESS INFORMATION

Business Name _____

Business Street Address _____

City _____ State _____ Zip _____

Description of Business _____

Number of years in industry _____ Tax ID# _____

Resale Lic. # _____ Professional Lic. # _____

Comments _____

CONTACT INFORMATION

Contact Person(s) _____ Position _____

Billing Address (if different) _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____ Fax # _____

Email Address _____ Website _____

Terms of Service

- We do not drop ship to your customers.
- We only accept returns of products within 45 days of purchase.
- You may not sell LL's Magnetic Clay or Warrior Mist products on Amazon.com.
- We strive to maintain fair pricing for all resellers. Therefore, you should refrain from selling our products for less than list price without approval. We give approval only for special circumstances.

I have read and agree to the **Terms of Service**.

Please sign and date if you agree to the terms of this reseller account.

Signature

Date

Mail completed form and a copy of your Professional License and / or Tax, Resale License to:
HPDI, PO Box 5600, Oracle, AZ 85623 **or** FAX to: 1.520.896.9160
Health Products Distributors, Inc - 1.520.896.9193