

Health Products Distributors, Inc Wholesale Account Application

Name of Business _____

Street Address of Business _____

City, State & Zip _____

Billing Address of Business _____

City, State & Zip _____

Contact Person(s) _____

Business Phone _____ Cell Phone _____

Email Address _____

Fax _____ Website _____

Description of Business _____

Number of years in industry _____ Number of employees _____

Number of clients served _____ Tax ID# _____

How did you hear about us _____ EIN # _____

How will you sell our products _____

Resale Lic. # _____ Professional Lic. # _____

Comments _____

Please note

- We do not drop ship to customers of wholesale accounts
- No refund of products returned after 45 days of purchase

Please sign and date if you agree to the terms of this wholesale 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 - 1.520.896.2198