



**WHOLESALE APPLICATION FORM**

Date: \_\_\_\_\_

**Company Information:**

Legal Company Name: \_\_\_\_\_

Additional Company Names/Operating As: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website \_\_\_\_\_

Years in Business: \_\_\_\_\_ Primary Contact/Title: \_\_\_\_\_

Additional Contact: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

**Type of Business:**

Please Circle: Health Food Store / Practitioner / Café / Restaurant / Juice Bar  
Other (please specify) \_\_\_\_\_

Retail Sales Tax #: \_\_\_\_\_ Business License #: \_\_\_\_\_

*Please fax a copy of your business license.*

**Bank Information:**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Manager: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Trade Reference: (Major Distributors/Suppliers)**

1. Name/Full Address/Contact: \_\_\_\_\_

\_\_\_\_\_

Telephone/Fax/Email: \_\_\_\_\_

2. Name/Full Address/Contact: \_\_\_\_\_

\_\_\_\_\_

Telephone/Fax/Email: \_\_\_\_\_

3. Name/Full Address/Contact: \_\_\_\_\_

\_\_\_\_\_

Telephone/Fax/Email: \_\_\_\_\_

**Please attach any additional information (business license, degree, diploma, certificate, etc).**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax your application form to Upaya Naturals.**

**Please attach additional information (business license, degree, diploma, certificate etc).**

**Fax: 705-727-1160**

**You will receive our wholesale price list upon approval of your application form.**

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**FOR UPAYA NATURALS OFFICE USE ONLY**

**Approved by: \_\_\_\_\_ Title: \_\_\_\_\_**

**Signed by: \_\_\_\_\_ on: \_\_\_\_\_.**