

“Natural Touch For Pets” WHOLESALE APPLICATION FORM

**Once we receive this completed information sheet from you, we will send out
wholesale information.**

STORE/CLINIC NAME: _____

OWNER/VETERINARIAN NAME: _____

ADDRESS: _____

CITY & STATE/PROVINCE _____

COUNTRY & POSTAL CODE: _____

PHONE NUMBER: _____

FAX: _____

E-MAIL ADDRESS: (for our use only) _____

WEB-SITE ADDRESS: _____

TAX PERMIT NUMBER _____

LICENSE NUMBER (veterinarians) _____

CREDIT REFERENCES (Financial institution or product suppliers):

1. NAME/ADDRESS _____

PHONE NUMBER _____

2. NAME/ADDRESS _____

PHONE NUMBER _____

3. NAME/ADDRESS _____

PHONE NUMBER _____

Please attach copy of valid resale permit!

**Please fax to Natural Touch for Pets at (760) 961-8500
email to CathyB@NaturalTouchForPets.com
or mail to Natural Touch For Pets, 14608 Riverside Dr, Apple Valley, CA 92307**

Call Cathy at 760-559-2658 if you have any questions.