



Your Canadian Distributor for

Lypo-Spheric™ Liposomal Nutritional Supplements

Wholesale Application

Return the completed application by email to: info@livlong.ca or fax 587-887-9936

Company Name and Trade name (if applicable) _____

Billing Address _____

(City, Province, Postal Code)

Shipping Address _____

(if different from above)

Primary Contact Name and Title _____

Phone _____ Alt Phone _____ Fax _____

Email _____ Website _____

Check One: Corporation LLC Sole Proprietor Partnership Month/Year Established _____

Business Number (GST/PST/HST) _____

Name and Phone of Owner/Partner/Officer _____

Describe Your Business: Health Food Store Medical Office/Clinic Internet Retail Athletic Club

Other _____

Do you sell products on Amazon.com? Yes No

If yes, provide the names(s) of your Amazon Store(s) _____

Do you sell products to the general public? If so, please provide a customer service phone number _____

List each address (Web URL or Physical location) where you intend to sell LivOn products (attach an additional sheet if necessary):

Location 1: _____

Location 2: _____

How did you hear about LivLong/LivOn? _____

Describe Other Products you sell: _____

Select the marketing methods you most commonly use to promote the products you sell:

Product Demonstrations Brochures Posters/Displays Email Internet Personal Consultation

Completed by: _____ Signature: _____ Date: _____

Internal Use Only

Select One and Initial: Approved by _____ Rejected (reason & initials) _____