



Remo Brands Inc.
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Wholesale Account Application

Please Print in Ink

Company Name:		
Phone:	Fax:	Email:
Billing Address:		
City:	Prov. / State:	Postal/Zip Code:
Shipping Address (if different from Billing Address):		
City:	Prov. / State:	Postal/Zip Code:
Nature of Business:		G.S.T/Tax ID #:
		P.S.T.#
Company is a: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		Date Established:

Principals / Owners (please add additional pages if necessary)

Name:	Title:
Address:	Phone:
Name:	Title:
Address:	Phone:
Name:	Title:
Address:	Phone:

Bank Information

Name of Bank:	Account Number:
Address of Bank:	

Credit References (if requesting credit terms)

Supplier:		
Address:		
Tel:	Fax:	Contact:
Supplier:		
Address:		
Tel:	Fax:	Contact:
Supplier:		
Address:		
Tel:	Fax:	Contact:

The applicant acknowledges the following:

- 1. Accounts are due and payable within 30 days of date of invoice unless otherwise stipulated in writing.**
- 2. Past due accounts are subject to interest charges at the rate of 2%/mo (24% per annum).**
- 3. A 25% restocking fee will be applied to all authorized returns.**
- 4. Commercial sizing (205L and 1000L) are made to order and therefore final sale.**

Signature:	Date:
Name:	Title:

(please print name)