



Retailer/Distributor Registration Form

Reg No.

Date: _____

Trade or Business Name

Name of Applicant (Ms./ Mr./Mrs.)

Home/Business Address

City _____ State _____ Zip code _____

Mailing Address (if different from home or business address)

City _____ State _____ Zip code _____

Home _____ Mobile _____ Business/Work _____

Fax _____ Website _____

Email address _____

Type of Business: _____

Branch locations (if applicable):

Estimated Annual purchase volume (\$): _____

Years in the retail/distribution business _____

What natural products you currently sell/distribute?

How knowledgeable are you about natural products?

Where will be your primary sale market/territory/Area? (E.g. homebased, pop-up markets, company branches, hotels etc.)

What Shervy's natural products are you interested in purchasing/retailing/distributing? (Please list all that apply).

What will be your method of payment?

Credit Card ___ Wire Transfer ___ Cheque_____

Thank you for your interest, honesty, and support. Please print or complete online form and return via email to shervys100@gmail.com.

Your application will be reviewed for approval and feedback will be provided in 3 working days.

Respectfully,

Managing Director of Shervy's Natural Bath & Body Products Ltd

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For Official Use ONLY (Do not fill out)

Official Comments		
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Status:	Approved _____	Declined _____ Under Review _____
Authorized by:	Date: _____	Stamp