New Account Application Date:_____

Thank you for your interest in our products. We look forward to learning more about your business. Please assist us in creating a profile for you by providing us with the following information:

Company Name_____

Principle Contact Name(s)_____Title_____

Shipping Address_____

City_____State_____Zip_____

Billing Address (if different)_____

City_____State_____Zip_____

Phone #_____Fax # _____

E-Mail_____Website_____

Billing Contact Name_____Email_____

What is the primary nature of your business at this location? (Circle more than one if applicable)

☐ Health Food Store ☐ Pharmacy ☐ Clinic/Practice ☐ Sports Med ☐ Mail Order ☐ Ecommerce

☐ Manufacturer ☐ Export ☐ Distributor ☐ Other_____

Practitioner Type: ☐ MD ☐ DC ☐ ND ☐ CNHP ☐ LMT ☐ DPHARM ☐ OTHER_____

How did you hear about us?_____

What inspired you to pursue a wholesale account?_____

Do you have any additional questions or comments?_____

_____

_____

Please fax, email, or mail a completed wholesale application with a copy of your business, resale, or professional license to (716) 373-5193, or info@AlleganyNutrition.com. Verified wholesale accounts are normally established within 1 business day. Please contact our office directly with any questions 1-800-587-9061.

Mailing Address:
Allegany Nutrition
P.O. Box 70
Allegany, NY 14706